

It is recognized that residents will need supervision during the course of their educational time in our general surgery residency. This document uses definitions of direct, indirect supervision, and oversight **as outlined in GMEC policy**. Direct supervision may be performed by chief/senior level residents and attending physicians.

**PGY1**

Residents will work with direct supervision in the operating room under the direct discretion of the attending physician or other resident in a teaching assistant (TA) role when appropriate. All other instances in which PGY1 residents are involved with patient care will be either indirectly or directly supervised until the resident demonstrates the ability to perform tasks with oversight. This determination will be made under the guidance of the chief resident and the attending physician responsible for the patient. This will include all cases that involve patient care. In addition, all PGY1 residents will not be able to independently perform procedures on patients using indirect supervision until their procedure cards are completed with procedures outlined specifically in the cards (list of the cards is included below). Completion of the card does not constitute attainment of skills for the procedure and will also depend on the discretion of the chief resident and attending associated with the patient.

**PGY2**

Residents will work with direct supervision in the operating room under the direct discretion of the attending physician or other resident in a TA role when appropriate. It is recognized that by this time many procedures outlined in the procedure cards will be completed by the resident and will be of sufficient skill that performance of these procedures will be appropriate with indirect status alone. This will fall under the discretion of the chief resident and the attending physician. As residents in this year will have acquired some experience in patient care, there will be some expectation that residents at this level will independently see and evaluate patients and then deliver their plan of care to their senior residents or attending for care plan development and refinement. Whenever possible, cases should be discussed with senior residents in an effort to promote communication and team-based plan development. It is also recognized that PGY2 level residents may serve in supervisory roles of PGY1 residents, at times, and when the PGY2 resident is appropriately comfortable with this role. If this is not the case, higher level resident supervision or attending supervision will be sought.

**PGY3**

Residents will work with direct supervision in the operating room under the direct discretion of the attending physician or other resident in a TA role when appropriate. It is recognized that by this time many procedures outlined in the procedure cards will be completed by the resident and will be of sufficient skill that performance of these procedures will be appropriate with indirect status alone. It is recognized that these residents have acquired a fair amount of skills for basic procedures and these procedures will be performed either by the resident directly or as a supervisor for another junior level resident. These procedures will be performed after consultation with attending physicians who will act

in indirect or direct supervisory roles depending on the attending preference and the resident's comfort level with the procedure.

**PGY4**

Residents will work with direct supervision in the operating room under the direct discretion of the attending physician or other resident in a TA role when appropriate. It is recognized that by this time all procedures outlined in the procedure cards will be completed by the resident and will be of sufficient skill that performance of these procedures will be appropriate with indirect status alone. It is recognized that these residents have acquired a fair number of skills for basic procedures and these procedures will be performed either by the resident directly or as a supervisor for another junior level resident. These procedures will be performed after consultation with attending physicians who will act in indirect or direct supervisory roles depending on the attending preference and the resident's comfort level with the procedure. PGY4 level residents may serve as the most senior members of their teams at times and may have to act as "chief" residents for their teams in these situations.

**PGY5**

Residents will work with direct supervision in the operating room under the direct discretion of the attending physician. PGY5 residents may act in a TA role when appropriate. It is recognized that by this time all procedures outlined in the procedure cards will be completed by the resident and will be of sufficient skill that performance of these procedures will be appropriate with indirect status alone or even in oversight status for minor cases. It is recognized that these residents have acquired a fair number of skills for basic procedures and these procedures will be performed either by the resident directly or as a supervisor for another junior level resident. These procedures will be performed after consultation with attending physicians who will act in indirect or direct supervisory roles depending on the attending preference and the resident's comfort level with the procedure. As residents at this level are expected to be at sufficient independent level to practice surgery, occasionally observational status may be granted to the resident in discussion with the attending physician and the comfort level of the resident.

**Skills card elements:**

Urgent/Emergent/Trauma patients

Postoperative complication

ICU patient care

Code blue

Vascular access (central line placement)

Repair of laceration

Chest tube placement

Paracentesis

ET intubation

Debridement

Reviewed by



9/1/2022

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Gopal Kowdley, MD, FACS  
Program Director

Date and time



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Steve Leonard, PhD, CEO  
DIO

Date and time