

**SUPERVISION OF RESIDENTS
OPHTHALMOLOGY RESIDENCY PROGRAM
AY 2014-2015**

1. **Purpose:** This document is to establish guidelines that are essential to the supervision of all ophthalmology residents in the SAUSHEC Ophthalmology Residency program. These guidelines will be adhered to during each resident's rotation at the training sites for the program. These guidelines will be distributed to all faculty members and residents and reviewed annually.

2. **Scope:** This operating instruction applies to ALL residents rotating within the SAUSHEC Ophthalmology Residency program.

3. Levels of Supervision:

To ensure oversight of resident supervision and graded authority and responsibility, programs must use the following classification of supervision:

Direct Supervision – the supervising physician is physically present with the resident and patient.

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.

Indirect 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 telephonic and/or electronic modalities, and is available to provide Direct Supervision. **For this policy, unless otherwise indicated, 'without direct supervision' means this category.**

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

4. Procedure:

A. In-Patients

(1) The resident will always be in communication with the responsible attending staff physician with regards to all in-patient matters.

(2) The resident must communicate with the attending staff physician:

(A) Prior to invasive procedure or test.

(B) On admission of any patient to the ICU-CCU-SICU.

(3) For Critical Care patients, the attending will write a note on the chart within 24 hours of admission.

(4) The attending staff will write a note at least twice per week on all critically ill patients or more frequently if necessary. Frequency of staff notes otherwise will be dictated by the By-Laws of the training sites.

(5) On non-critical care admissions, the attending will evaluate the patient and write a note on the chart within 24 hours of admission and at least once per week or more frequently if clinically indicated.

(6) All inpatient history and physical (H&P) examinations will be countersigned and verified by the attending staff.

(7) For patients going to surgery for vision threatening emergencies, the attending will write a note on the chart at the first opportunity.

(8) For all patients, whether going to surgery or not, the plan of care should be noted by the attending physician in the chart. For patients going to surgery, this plan of care should be noted preoperatively and either signed by the staff physician or should include a note by the resident indicating that he or she discussed the plan with the attending staff who concurs with the plan. In this latter incidence, the attending staff will sign the note prior to the performance of the surgery/procedure.

(9) The responsible attending physician will provide direct supervision and be scrubbed for all critical parts of all operations and immediately available in the Operating Room area for the remainder of the procedure. Progression of responsibility in the OR will be determined by the attending physician on a case by case basis. As the resident progresses, the resident will assume more of a role in each case both in decision making and operative technique.

(10) The attending physician will assume all responsibilities for patient care rendered by residents, even if he/she has not yet seen the patient.

B. Out-Patients

(1) The resident will consult the supervising physician regarding any patient with a vision threatening disorder. Surgical patients who are functionally monocular ($V_a < 20/100$ in non-treatment eye) are considered 'staff only cases' unless specifically approved otherwise

(2) At a minimum, outpatient medical records should be reviewed and signed by the close of the next business day by the attending staff, but must be completed and signed within 7 business days.

(3) The supervision of complex patients will be assumed by the appropriate staff physician who will oversee residents who rotate through their clinic.

(4) As our residents are licensed providers and have all successfully completed an accredited internship program, they will be expected to know how to do consults and admissions of patients to the hospital.

Procedures that can be performed without direct supervision by incoming PGY-2 residents include:

- visual acuity
- external examination
- pupil exam
- confrontation visual fields

motility exam
slit lam examination with tonometry
direct/indirect ophthalmoscopy
color vision testing
simple laceration repairs of face, hands, and scalp
IV access

(5) See attached appendix for Ophthalmology Procedural Supervision Policy. Progression to each of the PGY levels is requisite on demonstrated competency in each of these procedures in which conditional independence and supervisory status is granted. Procedural review is by the combined faculty at the annual academic meeting. Following verbal and/or written communication by the other faculty or supervising residents regarding competence, supervisory skills, and review of procedure logs, approval for conditional independence and supervisory status is granted by the PD/APD.

5. Depiction of the approvals for performance of procedures will be accessible to health care professionals through entry into the SAUSHEC GME web site. When requested by hospital nurses or other personnel with need to know, attending staff physicians must verify whether residents can perform procedures without direct supervision. Attending staff can comply with this Medical Staff requirement because:

a. Residents will demonstrate professionalism by informing their attending physician and other hospital personnel when they are not approved to perform a procedure without direct supervision or not approved to supervise another resident perform a procedure.

b. The program director will inform attending physicians in the specialty how to access the resident-specific information to identify procedures each resident is approved to perform without direct supervision and/or supervise other residents' procedures.

c. When necessary, **hospital nurses and other personnel will telephone/page the attending staff physician (who is available 24/7)** to confirm whether a resident is approved to perform a procedure without direct supervision.

6. Job descriptions by PGY level are located in our resident handbook Section 4.

7. The process for patient care hand offs is located in our resident handbook Section 4.

8. All other trainees will be under indirect staff supervision with direct resident supervision, PGY2 or higher.

9. All trainees will ensure completion of a surgical time out before every procedure they are authorized to perform.

Appendix: Ophthalmology Procedural Supervision Policy

Clinical Activity	Teacher		Staff Supervision	Requirement to Proceed without Direct Supervision	Method of Verification
	PGY	Level			
Retinoscopy	2+	PGY3+	oversight	After initial instruction	PGY Level
Lensometry	2+	PGY3+	oversight	After initial instruction	PGY Level
Keratometry	2+	PGY3+	oversight	After initial instruction	PGY Level
Hertel Measurement	2+	PGY3+	oversight	After initial instruction	PGY Level
Binocularity/Fusion Testing	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
Gonioscopy	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
Automated Visual Fields	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
Flourescein Angiography	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
Electrophysiology	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
Ultrasonography	2+	PGY3+	oversight	observed satisfactory performance	PGY Level

By the end of the first rotation of the PGY2 year, the resident will be certified to perform the above items

With oversight, with the exception of interpreting electrophysiologic studies and ultrasound.

PROCEDURES

Oculoplastics

hordeolum I&D	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
chalazion I&D	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
tarsorrhaphy	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
canthotomy	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
canthoplasty	3+	PGY4+	w/o direct	observed satisfactory performance	PGY Level
trichiasis repair	3+	PGY4+	w/o direct	observed satisfactory performance	PGY Level
entropion repair	3+	PGY4+	w/o direct	observed satisfactory performance	PGY Level
ectropion repair	3+	PGY4+	w/o direct	observed satisfactory performance	PGY Level
laceration repair, simple	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
laceration repair, full thickness	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
excision of lid lesions	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
blepharoplasty	3+	PGY4+	w/o direct	observed satisfactory performance	PGY Level
ptosis repair	3+	PGY4+	w/o direct	observed satisfactory performance	PGY Level
orbitotomy	4+	Faculty	direct	observed satisfactory performance	PGY Level
orbital fracture repair	4+	Faculty	direct	observed satisfactory performance	PGY Level
orbital exenteration	4+	Faculty	direct	observed satisfactory performance	PGY Level
nasolacrimal duct probing	3+	PGY4+	w/o direct	observed satisfactory performance	PGY Level
punctal occlusion	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
canalicular repair	3+	PGY4+	w/o direct	observed satisfactory performance	PGY Level
dacryocystorhinostomy	3+	Faculty	direct	observed satisfactory performance	PGY Level
evisceration	3+	Faculty	direct	observed satisfactory performance	PGY Level
enucleation	3+	Faculty	direct	observed satisfactory performance	PGY Level

Anterior Segment

conjunctival foreign body	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
conjunctival repair	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
conjunctival excision/biopsy	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
pterygium excision	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
conjunctival graft	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
corneal foreign body	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
corneal laceration repair	3+	PGY4+	indirect	observed satisfactory performance	PGY Level
corneal scraping	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
corneal biopsy	4+	Faculty	direct	observed satisfactory performance	PGY Level
refractive surgery, incisional	3+	PGY4+	indirect	observed satisfactory performance	PGY Level
refractive surgery, laser	3+	PGY4+	indirect	observed satisfactory performance	PGY Level
lamellar keratoplasty, laser	4+	Faculty	direct	observed satisfactory performance	PGY Level
lamellar keratoplasty	4+	Faculty	direct	observed satisfactory performance	PGY Level
penetrating keratoplasty	4+	Faculty	direct	observed satisfactory performance	PGY Level

scleral laceration repair	4+	Faculty	direct	observed satisfactory performance	PGY Level
corneal-scleral lac repair	4+	Faculty	direct	observed satisfactory performance	PGY Level
iridoplasty	4+	Faculty	direct	observed satisfactory performance	PGY Level
pupilloplasty	4+	Faculty	direct	observed satisfactory performance	PGY Level
cataract extraction	3+	PGY4+	indirect	observed satisfactory performance	PGY Level
ICCE	3+	Faculty	direct	observed satisfactory performance	PGY Level
ECCE	3+	PGY4+	indirect	observed satisfactory performance	PGY Level
phacoemulsification	3+	PGY4+	indirect	observed satisfactory performance	PGY Level
w/ IOL implant	3+	PGY4+	indirect	observed satisfactory performance	PGY Level
secondary IOL implant	3+	PGY4+	indirect	observed satisfactory performance	PGY Level
laser capsulotomy	3+	PGY3+	oversight	observed satisfactory performance	PGY Level
Anterior chamber tap	3+	PGY3+	oversight	observed satisfactory performance	PGY Level
Anterior vitrectomy	3+	PGY4+	indirect	observed satisfactory performance	PGY Level
Glaucoma					
Goniotomy	3+	Faculty	direct	observed satisfactory performance	PGY Level
iridectomy, surgical	4+	Faculty	direct	observed satisfactory performance	PGY Level
iridotomy, laser	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
trabeculectomy	4+	Faculty	direct	observed satisfactory performance	PGY Level
trabeculotomy	3+	Faculty	direct	observed satisfactory performance	PGY Level
filtering shunt placement	4+	Faculty	direct	observed satisfactory performance	PGY Level
cyclodestruction, cryo	3+	PGY4+	indirect	observed satisfactory performance	PGY Level
cyclodestruction, laser	3+	PGY4+	indirect	observed satisfactory performance	PGY Level
trabeculoplasty, laser	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
Posterior Segment					
Retina photocoagulation					
focal	3+	PGY4+	oversight	observed satisfactory performance	PGY Level
PRP	3+	PGY4+	oversight	observed satisfactory performance	PGY Level
retinal tear	3+	PGY4+	oversight	observed satisfactory performance	PGY Level
cnvm	4+	Faculty	w/o direct	observed satisfactory performance	PGY Level
retinal cryotherapy	4+	Faculty	indirect	observed satisfactory performance	PGY Level
scleral buckling	4+	Faculty	direct	observed satisfactory performance	PGY Level
pars plana vitrectomy	4+	Faculty	direct	observed satisfactory performance	PGY Level
fluid/gas exchange	4+	Faculty	direct	observed satisfactory performance	PGY Level
sclerotomy	4+	Faculty	direct	observed satisfactory performance	PGY Level
subretinal fluid drainage	4+	Faculty	direct	observed satisfactory performance	PGY Level
membrane peel	4+	Faculty	direct	observed satisfactory performance	PGY Level
Strabismus					
muscle disinsertion/reinsertion	3+	PGY4+	indirect	observed satisfactory performance	PGY Level
myotomy	3+	PGY4+	direct	observed satisfactory performance	PGY Level
oblique muscle surgery	3+	Faculty	direct	observed satisfactory performance	PGY Level
Neuro-Ophthalmology					
ON sheath fenestration	4+	Faculty	direct	observed satisfactory performance	PGY Level
Miscellaneous					
retrobulbar injection	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
peribulbar injection	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
sub-tenons injection	2+	PGY3+	oversight	observed satisfactory performance	PGY Level
facial nerve block	3+	PGY4+	w/o direct	observed satisfactory performance	PGY Level

PGY2+ is Postgraduate Year 2 Resident or above, PGY3+ is Postgraduate Year 3 Resident or above, PGY4+ is Postgraduate Year 4 Resident or above

If a resident qualifies as an instructor at a PGY level earlier than that required to perform the procedure direct supervision, he/she may perform the procedure without direct supervision at the discretion of the supervising physician.

NOTE: If a resident surgeon is felt to have technical skills superior to their peers, then they may perform a procedure at the discretion of the supervising physician.

