	Trauma Services	No. 4067
	Title: Supervision of Residents- Students- WMR	Page: 1 of 2
		Effective Date: 04/11/2022

PURPOSE:

To define the guidelines that have been established for the WakeMed Surgery residents and medical students while functioning at WakeMed.

POLICY STATEMENT:

WakeMed Surgery residents and medical students will provide care for patients within the protocols and procedures outlined below. Residents from a number of different types of residencies will rotate on WakeMed Surgery (i.e. general surgery, emergency medicine, oromaxillofacial surgery, family medicine). All residents will follow these guidelines while rotating on the WakeMed Surgery service regardless of the type of program they are from or the university from which their program is based.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):

Trauma Services-Raleigh Campus, Residency Program-Raleigh Campus

WHO SHOULD READ THIS POLICY:

This policy shall be read by department supervisors, managers, directors, and administrators. Furthermore, any individual considering issuing, revising, assisting in the drafting of, or archiving a policy.

PROCEDURES:

I. SUPERVISION:

- a. Overall: The Director of Education WakeMed Surgery is generally responsible for all residents and students rotating on WakeMed Surgery while they are covering any part of the WakeMed Surgery service (inpatient or outpatient).
- b. Attending Supervision: The attending physician is primarily responsible for the patient's care and is a member of WakeMed Surgery. The degree of latitude that a trainee on the general surgical or trauma services has will be determined by the attending physician for the patient on a case by case basis. If any member of the health care team at WakeMed (nurses, respiratory therapists, etc) is concerned about any facet of care a resident physician or student is providing, they should notify the attending physician immediately.
- c. Consultations: A resident physician may provide surgical consultation on behalf of WakeMed Surgery. If the house staff has questions about the patient being consulted on, they should discuss the patient with the appropriate attending. The attending reviews and sign the resident's consult whether they have seen the patient themselves or not.

II. AVAILABILITY/CALL:

- a. Call: Senior level resident is available in house 24 hours, and is available for consultation by any other service in the hospital to see surgical and trauma


Origination date: 09/30/2003

Prepared by: MGR, TRAUMA PROGRAM

Approved by: MED DIR, TRAUMA

Reviewed: 04/11/2022

Revised: 04/11/2022

	Trauma Services	No. 4067
	Title: Supervision of Residents- Students- WMR	Page: 2 of 2 Effective Date: 04/11/2022

consults.

- b. Level One Trauma: Both a senior level resident and Trauma Attending responds to each Trauma One within 15 minutes of trauma team activation. A full trauma evaluation is conducted in the resuscitation room of the adult Emergency Department under the direction of a board-certified surgeon. In the event that they trauma surgeon is not present upon patient arrival, a board certified or board eligible emergency physician directs patient care until arrival of the trauma surgeon.
- c. Trauma Alert: Evaluation of trauma patients designated as Trauma Alert is under the direction of a board certified or board eligible ED Attending and the ED resident. A Trauma Services representative (Upper Level Resident or APP) will be notified of the trauma alert call and will respond to the patient's bedside within 30 minutes of notification. The trauma services representative functions in the role of consultant and conducts a comprehensive trauma evaluation. Results of this evaluation will be reported to the ED Attending, and disposition of the patient is directed by the ED Physician.

III. **ORDERS:**

- a. STAT orders: Any STAT orders written should be communicated to the nurse caring for the patient.
- b. NO CODE orders: It is the responsibility of WakeMed Surgery Staff to discuss "No Code" orders with the Attending Physician before placing them on the chart. The "No Code" order may be written by the Resident but then must be cosigned by the Attending Physician within 24 hours.

IV. **SURGICAL CASES:**

- a. All major surgical cases must be seen by an attending physician prior to scheduling the patient for the operating room.
- b. An attending physician will be present for the start and key portions of all major surgery done in the operating room.

V. **PROCEDURES:**

- a. General: The Attending Physician is ultimately accountable for all patient care provided by the Residents. In general, they degree of attending involvement in patient care is commensurate with the type of care that the patient is receiving and the level of training, education and experience of any medical trainee(s) involved in the patient's care. The intensity of supervision required is not the same in all circumstances and varies by specialty, level of residency training, the experience and competency of the individual resident, and the acuity of the specific clinical situation.

Origination date: 09/30/2003

Prepared by: MGR, TRAUMA PROGRAM

Approved by: MED DIR, TRAUMA

Reviewed: 04/11/2022

Revised: 04/11/2022