

DEPARTMENT OF SURGERY
SUPERVISORY LINES OF RESPONSIBILITY
FOR THE CARE OF PATIENTS

2009

DEPARTMENT OF SURGERY
SUPERVISORY LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS
R1 RESPONSIBILITIES

1. Lines of responsibilities

- i) Under the supervision of the R3, the R1 is directly responsible for the care of all patients on the hospital ward and for admission/discharge of all patients undergoing day surgery procedures.
- ii) In concert with the R3, directly supervises medical students assigned to the service.
- iii) Specifically:
 - performs history and physical examinations on every new admission to the service
 - evaluates all patients presenting to the day surgery unit for preoperative workup, including performance of a complete history and physical exam
 - makes daily assessments and plans on every ward patient on the service and will have full knowledge of all medical problems and progress of all ward patients
 - knows the progress of every ward patient *every day* and personally examines patients experiencing problems
 - will keep R3 aware of the progress of all patients. Will alert R3 to new problems on the service
 - under the supervision of the R3, performs invasive procedures on ward patients
 - arranges for appropriate diagnostic tests in ward patients
 - completes discharge paperwork for all ward and day surgery patients
 - insures proper disposition and follow-up of all patients discharged from the hospital
 - writes a legible preoperative assessment and counseling note on all patients for which he/she serves as the surgeon of record
 - insures that all student notes are accurate, reflect a proper plan, and are countersigned by a physician each day

2. Service-specific responsibilities

- i) The attending surgeon will state expectations at the beginning of the rotation
- ii) The attending surgeon is ultimately responsible for determining the “tone” of the service and insuring the involvement of all members of the team (attending, residents, and students) in the delivery of care and running of an academic program

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R2 RESPONSIBILITIES

1. Lines of responsibilities

- i) Under the supervision of the R3, the R2 is directly responsible for:
 - a) care of all patients on the service who are in the critical care units
 - b) evaluation and disposition of all consults generated by the Emergency Department
- ii) Under the supervision of the R3, assists in service organization including daily care of patients on the hospital ward and in outpatient clinics
- iii) In concert with the R1, directly supervises medical students assigned to the service.
- iv) Specifically:

ICU responsibilities

- will have full knowledge of medical problems and progress of all ICU patients on his/her service
- makes daily assessments and plans on every ICU patient on the service
- during regular duty hours in the hospital, knows the progress of every ICU patient *on an hour-to-hour basis* and personally examines patients experiencing problems on the service
- under the supervision of the R3, performs invasive procedures on ICU patients
- arranges for special diagnostics tests for ICU patients and insures that ICU patients are monitored appropriately when transported out of the ICU for these tests

Emergency Department responsibilities

- insures timely response to all consults
- evaluates all consults, including performance of a complete history and physical examination.
- makes an initial plan for each consult
- documents findings and recommendations in the medical charts
- arranges for appropriate diagnostic tests
- alerts R3 about unstable patients
- insures proper disposition and follow-up of all consults (*includes patients who are to be admitted to the hospital as well as those who are discharged from the Emergency Department*)
- writes a legible preoperative assessment and counseling note on all patient for which he/she serves as the surgeon of record

2. Service-specific responsibilities

- i) The attending surgeon will state specific expectations at the beginning of the rotation
- ii) The attending surgeon is ultimately responsible for determining the “tone” of the service and insuring the involvement of all members of the team (attending, residents, and students) in the delivery of care and running of an academic program.
- iii) R2 is responsible for presenting all cases in which he/she served as surgeon of record at Chief’s Conference.

DEPARTMENT OF SURGERY
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R3 RESPONSIBILITIES

1. Lines of supervisory responsibilities

- i) In concert with the attending and senior resident, the R3 is directly responsible for the care of all patients on the surgical service. *This does not imply, however, that the R3 resident is the direct care provider.*
- ii) Directly supervises the R1 and R2 house staff and all medical students in the delivery of care to all patients on the service.
- iii) Specifically:
 - will have full knowledge of medical problems and progress of all patients on his/her service.
 - sees every admission to the service
 - knows the progress of every patient *every day* and personally examines patients experiencing problems
 - will keep senior resident and attending aware of the progress of all patients. Will alert senior resident and attending to new problems on the service.
 - knows each patient who is to undergo a surgical procedure on his/her service (*both in-patient and out-patient*)
 - writes a legible preoperative assessment and counseling note on all patients for which he/she serves as the surgeon of record
 - makes daily rounds on every patient on the service
 - insures accurate assessment and plans are made for each patient
 - responsible for posting all operative cases
 - insures appropriate information about each case is communicated to the Operating Room (*including special instrumentation and communicable disease status of patients*)
 - discusses each case with the assigned attending
 - insures that all student notes are accurate, reflect a proper plan, and are countersigned by a physician each day
 - arranges proper follow-up of all patients discharged from the service (*both in-patient and out-patient setting*)

2. Service-specific responsibilities

- i) The attending surgeon will state specific expectations at the beginning of the rotation
- ii) The attending surgeon is ultimately responsible for determining the “tone” of the service and insuring the involvement of all members of the team (attending, residents, and students) in the delivery of care and running of an academic program
- iii) R3 will present all morbidities and mortalities at the respective M&M conference
- iv) R3 is responsible for evaluating new consults generated by other services and insuring proper disposition and follow-up
- v) R3 will directly supervise the R2 in the Emergency Department. Will participate in the ultimate disposition of all consults generated by the Emergency Department.
- vi) R3 is responsible for presenting all cases in which he/she served as surgeon of record at Chief’s Conference.

DEPARTMENT OF SURGERY
SUPERVISORY LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS
R4 RESPONSIBILITIES

1. Lines of supervisory responsibilities

FOR ROTATIONS ON WHICH JUNIOR RESIDENTS ARE ASSIGNED

- i) Directly responsible for the care of all patients on the surgical service, in concert with the attending. *This does not imply that the senior resident is the direct care provider, however.*
- ii) In concert with the attending, directly supervises the 2nd year resident (Burns, ICU, Pediatric Surgery, CT Surgery rotations, or 3rd year resident (Trauma, General Surgery, Vascular Surgery rotations), and all other residents in the delivery of care to all patients on the service.
- iii) Specifically:
 - will have full knowledge of medical problems and progress of all patients on his/her service
 - sees every admission to the service
 - writes a legible preoperative assessment and counseling note on all patients for which he/she serves as the surgeon of record
 - knows the progress of every patient *every day* and personally examines patients experiencing problems
 - insures attending is aware of the progress of all patients
 - knows each patient who is to undergo a surgical procedure on his/her service (both in-patient and out-patient)
 - will be immediately available to come into the hospital on the night his/her service is on call. *The attending surgeon on call in the hospital will make the final decision whether R4's presence is required.*

FOR ROTATIONS ON WHICH NO JUNIOR RESIDENT IS ASSIGNED

- i) R4 will be the direct care provider and will be responsible for the care of all patients, in concert with the attending.
- ii) Specifically:
 - will have full knowledge of medical problems and progress of all patients on his/her service
 - sees every admission to the service

- knows the progress of every patient *every day* and personally examines patients experiencing problems
- insures attending is aware of the progress of all patients
- will keep attending aware of the progress of all patients. Will alert attending to new problems on the service
- knows each patient who is to undergo a surgical procedure on his/her service (*both in-patient and out-patient*)
- writes a legible preoperative assessment and counseling note on all patients for which he/she serves as the surgeon of record
- makes daily rounds on every patient on the service
- insures accurate assessment and plans are made for each patient
- responsible for posting all operative cases
- insures appropriate information about each case is communicated to the Operating Room (*including special instrumentation and communicable disease status of patients*)
- discusses each case with the assigned attending
- arranges proper follow-up of all patients discharged from the service (*both in-patient and out-patient settings*)

2. Service-specific responsibilities

- i) The attending surgeon will state specific expectations at the beginning of the rotation.
- ii) The attending surgeon is ultimately responsible for determining the “tone” of the service and insuring the involvement of all members of the team (attending, residents, and students) in the delivery of care and running of an academic program.
- iii) R4 is responsible for presenting all cases in which he/she served as surgeon of record at Chief’s Conference.

DEPARTMENT OF SURGERY
SUPERVISORY LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS
SENIOR RESIDENT RESPONSIBILITIES

1. Lines of supervisory responsibilities

- i) In concert with the attending, directly responsible for the care of all patients on the surgical service. *This does not imply that the senior resident is the direct care provider, however.*
- ii) Directly supervises the 3rd year residents and all other residents in the delivery of care to all patients on the service.
- iii) Specifically:
 - will have full knowledge of medical problems and progress of all patients on his/her service
 - sees every admission to the service
 - writes a legible preoperative assessment and counseling note on all patients for which he/she serves as the surgeon of record
 - knows the progress of every patient *every day* and personally examines patients experiencing problems
 - insures attending is aware of the progress of all patients knows each patient who is to undergo a surgical procedure on his/her service (both in-patient and out-patient)
 - will be immediately available to come into the hospital on the night his/her service is on call. *The attending surgeon on call in the hospital will make the final decision whether a senior resident's presence is required.*

2. Service-specific responsibilities

- i) The attending surgeon will state specific expectations at the beginning of the rotation.
- ii) The attending surgeon is ultimately responsible for determining the “tone” of the service and insuring the involvement of all members of the team (attending, residents, and students) in the delivery of care and running of an academic program.
- iii) R5 is responsible for presenting all cases in which he/she served as surgeon of record at Chief's Conference.