Trainee Supervision Policy - Anesthesiology

Department of Anesthesia, Critical Care and Pain Medicine

The Accreditation Council on Graduate Medical Education, Federal Medicare regulations, and the Professional By-Laws of the Beth Israel Deaconess Medical Center require that all trainees be supervised. The following policy governing progressive supervision of trainees in any program within the Department of Anesthesia, Critical Care and Pain Medicine has been adopted and is in effect July 31, 2011.

Supervision in Operating Room and Procedural Areas

Regardless of the “year” of the training period, up to and including ACGME and Non-ACGME trainees should receive direct supervision for critical portions of cases in the operating suites and procedural units, and indirect supervision for remaining elements by staff who are immediately available (defined as within 5 minutes) within the hospital or clinic where care is being provided.

Overall Principle

I. The attending anesthesiologist has the ultimate responsibility for all decisions regarding care for patients.

II. The attending anesthesiologist is responsible for providing supervision or oversight of all care provided by trainees.

III. Attending anesthesiologists are expected to behave in a professional manner at all times in regard to trainee supervision, and are expected to encourage each trainee to seek guidance from the attending at any time the trainee believes it to be helpful in the care of the patient. The attending anesthesiologist is to make clear to each trainee that failure to seek guidance is unacceptable.

IV. All attending anesthesiologists are expected to be able to recognize the signs and consequences of fatigue and sleep deprivation and provide appropriate relief of trainees if these signs are manifest.

V. Attending anesthesiologists are expected to provide graded authority and responsibility for a trainee as outlined below:

Graduated Responsibilities

The program director and attending anesthesiologist are responsible to ascertain the level of training of a trainee. In general it is the responsibility of the attending to supervise all intubations, extubations, and central line placements performed
by trainees in anesthetizing locations. As part of graduated trainee responsibility, it is reasonable to allow a trainee to extubate without direct supervision. This must be explicitly communicated between the trainees and the anesthesia attending EACH time it is to occur, and the attending must know when it is occurring so he/she can be immediately available to respond to problems. This should occur only rarely with a PGY2/CA-1 trainees, but may occur with increasing frequency as the trainees progresses.

Some procedures may require particular vigilance and prolonged direct anesthesia attending participation in order to maximize patient safety, despite an advanced level of trainees training. In these instances, the actual participation of the anesthesia attending while present in these situations may vary according to the skill and level of training of the trainee.

Examples of more complicated or "demanding" situations include:

- **Induction of:**
  - Patients with significant cardiac morbidity
  - Patients requiring a double-lumen endotracheal tube
  - Rigid bronchoscopy and other procedures without an established airway
  - Patients with a known or suspected difficult intubation

- **Emergence and extubation of:**
  - Morbidly obese patients
  - Patients with known difficult intubation
  - Patients who have received a large volume of intra-operative IV fluids that could lead to airway compromise
  - Patients with significant cardiac morbidity
  - Patients who have undergone a prolonged procedure in the prone or Tendelenberg position

- **Transportation of critically ill patients**

  The guiding principle of advancement of trainee responsibility will be a progressive increase in the degree of autonomous decision making and management by progressively more experienced and senior trainee. Trainees in their first year of training will have a higher proportion of each case requiring direct supervision by the assigned attending as to input into planning, whereas more senior trainees will require less attending guidance and physical presence outside of induction and emergence.
Students

Trainees and faculty/attending members have responsibility for teaching and supervising medical students on the anesthesia service. Medical students without direct supervision by a trainee or attending anesthesiologist perform may not accomplish any clinical work.

Interns (PGY1 Trainee)

Trainees and faculty members have responsibility for teaching and supervising interns on the anesthesia service. Interns will be directly supervised by a trainee or attending anesthesiologist during intraoperative care of the anesthetized patient, but may be indirectly supervised during basic pre- and postoperative tasks, such as IV placement.

PGY2/CA1 Trainee

Clinical

PGY2/CA1 trainees work under the supervision of an anesthesiology attending. They are expected to be able to set up anesthetizing locations, perform basic anesthesia procedures under direct supervision such as basic airway management, intubation, LMA insertion, and intravenous and peripheral arterial line placement. During the obstetric anesthesia rotation on labor and delivery the trainee will be instructed on the placement of lumber epidural and spinal anesthetics under direct supervision; the epidural procedure may be conducted under indirect supervision by an on-ward attending physician following verification of procedural competency.

During the first year the PGY2/CA1 trainee may be expected to perform more advanced procedures under direct supervision such as thoracic epidural placement, regional blockade, central line placement and swan ganz catheter insertion with assistance from the attending anesthesiologist who is directly supervising the procedure.

PGY2/CA1 trainees are expected to be able to discuss the preoperative evaluation and formulate a basic anesthetic plan. It is expected they will be able to fully formulate and carry out the anesthetic plan for most ASA 1 and 2 patients with minimal assistance from attending staff by the end of the year; nonetheless, attending staff will be present to directly supervise induction, emergence, and critical portions of the procedure.

In the second half of the first year, PGY2/CA1 trainee will be exposed to more complex cases during their vascular, neurosurgery, and cardiac anesthesia rotations. During these rotations PGY2/CA1 trainee will be closely supervised by the attending assigned to these cases.
PGY2/CA1 trainees take overnight and late call once they have demonstrated competence in patient assessment and implementation of a basic anesthetic as judged by the supervising anesthesia faculty and program director at the end of the first month of residency training. In general, after the first month of residency training, the attending anesthesiologist must be able to supervise the PGY2/CA1 trainee and another operating room during the maintenance phase. The anesthesia attending must personally participate in induction, emergence, and other critical portions of the anesthetic and be immediately available during other times.

**Supervision**

An attending anesthesiologist will directly supervise all PGY2/CA1 trainees for induction, emergence, the transport of critically ill patients and during the bulk of any non-routine procedure. Indirect supervision will be conducted by the anesthesia attending during maintenance of anesthesia during non-critical portions of the procedure. In addition, during the day the Anesthesia floor manager is immediately available to provide assistance to the trainee or attending if needed. During nights and weekends the PGY2/CA1 trainee will be on overnight call with a PGY3/CA2 or PGY4/CA3 trainee and an anesthesia attending in the ORs or on the Obstetric floor (L&D).

**PGY3/CA2 trainee**

**Clinical**

During their second year of training the PGY3/CA2 trainee will rotate through the anesthesia subspecialties in cardiac, thoracic, neurosurgery, vascular, pain management, intensive care and pediatrics at Boston Children’s Hospital. These rotations involve more complex cases. Trainees are supervised by an anesthesia attending. In addition to basic anesthesia skills, the PGY3/CA2 trainees are expected to acquire more advanced skills such as fiberoptic intubation, thoracic epidural placement, nerve blocks, and advanced cardiovascular monitoring with pulmonary artery catheters.

**Supervision**

An attending anesthesiologist will supervise all PGY3/CA2 trainees for induction, emergence, and key portions of the procedure and collaboratively develop and implement the perioperative care of the patient. Supervision during maintenance of anesthesia is primarily indirect except for direct supervision for critical portions of the case such as invasive line placement, acute changes in patient condition, or unexpected surgical events. In addition, during the day the Anesthesia floor manager is immediately available on both east/west campuses to provide assistance to a trainee if needed. Periods required for direct supervision are less
than those for PGY/2CA-1 trainee, and the degree of the anesthesia attending input into planning and execution of routine anesthetics progressively decreases. Anesthesia attending involvement in subspecialty rotations remains high, but the relative amount of direct supervision decreases with increased trainee experience and comfort as assessed by anesthesia attending during direct contact and in discussion with the trainee and program director.

During nights and weekends the PGY3/CA2 trainee will be on overnight call with a PGY2/CA1 and/or PGY4/CA3 trainee and an anesthesia attending in the or on the Obstetric floor (L&D). Senior trainees also take overnight subspecialty pager call in cardiac, transplant and pain management trainees rotating through the intensive care (ICU) and pain management will follow policies and procedures as dictated by the ICU and pain staff.

**PGY4/CA3 Trainees**

**Clinical**

During their third year of training the PGY3/CA3 trainees rotate through a variety of advanced rotations in the operating room, L&D, and the anesthesia subspecialties in cardiac, thoracic, neurosurgery, vascular, pain management, intensive care and pediatrics at Boston Children’s Hospital. The PGY4/CA3 trainee requests their rotations in consultation with the program director to best meet the trainee’s learning goals and career objectives, and to fill knowledge gaps.

It is expected that the PGY4/CA3 trainee is able to manage basic ASA 1 & 2 cases independently including performing the preoperative evaluation, executing the anesthetic plan and initiating postoperative pain management. Anesthesia attending staff will be present to supervise during induction, emergence, and critical portions of the procedure. They are expected to make progressively less adjustments in the planning and execution of the anesthetic, primarily provide indirect supervision, and be immediately available to discuss all aspects of the case.

During the PGY4/CA3 year, it is expected that the trainee will be able to manage most complex cases, perform advanced techniques such as central line placement and nerve blocks independently but under direct supervision by an attending anesthesiologist (e.g. attending present to observe, but not intervene unless necessary for patient safety).

In addition the PGY4/CA3 trainee is expected to function as a consultant to other services providing information to surgeons and obstetricians regarding preoperative work-ups, anticipated anesthetic difficulties and postoperative management as relevant. In this consultant role, the trainee will be indirectly
supervised by an attending anesthesiologist who is immediately available in the clinical care area.

Supervision

PGY4/CA-3 trainee will be supervised by an attending anesthesiologist. In addition during the day the anesthesia floor managers on both east/west campuses are immediately available to provide assistance to the trainee if needed. It is expected that the degree of planning input and physical assistance by the directly present anesthesia attending will decline over time in order to facilitate the trainee’s transition to successful independent practice following graduation. The role of the anesthesia attending will in these later stages of training become that of a consultant to stimulate educational discussion and ensure safe conduct of patient care by the trainee.

During nights and weekends the PGY4/CA3 trainee will be on overnight call with a PGY2/CA1 or PGY2 trainee and an anesthesia attending in the ORs or on the Obstetric floor (L&D). Senior trainees also take subspecialty pager call in cardiac, transplant and pain management. Trainees rotating through the intensive care (ICU) and pain management will follow policies and procedures as dictated by the ICU and pain staff.

Requirements for Notification of Attendings

An attending anesthesiologist must cover all cases for which an anesthetic is provided. The attending may personally perform a case, or supervise a CRNA or trainee.

It is expected that the trainee or CRNA will notify the attending anesthesiologist of any major changes in the patient’s condition or case plan. This list provides examples of instances when the attending anesthesiologist should be notified (if they are not already present in the anesthetizing location).

A. Acute and/or persistent adverse change in hemodynamic status
B. Persistent decrease in oxygen saturation
C. Change in anesthetic type e.g. conversion of a regional or MAC anesthetic to a general anesthetic

In addition certain demanding situations may require more prolonged attending presence. Examples are noted above under “Graduated Responsibilities” above.

Schedules and coverage

On call schedules for anesthesia attendings provide 24-hour on-premises supervision seven (7) days per week. These schedules are posted on the anesthesia intranet and are listed with the BIDMC page operator. There is thus
never a time when a trainee will be left unsupervised in the conduct of patient care.

Evaluations

Attendings are expected to evaluate trainees on a regular basis and provide feedback to the program director and the trainee regarding performance during the period of supervision.

Trainees must also complete confidential online faculty and rotation evaluations.

Definitions

Levels of Supervision

- **Direct supervision:**
  The supervising anesthesia attending physician is physically present with the trainee and patient. The supervising anesthesia attending physician is credentialed for the procedure/activity that is occurring and present for its entirety.

- **Indirect Supervision:**
  The supervising anesthesia attending physician is immediately available – the supervising anesthesia attending physician is physically within the hospital or other sites of patient care and is immediately available to provide direct supervision

  Or

  The supervising anesthesia attending physician is not physically present within the confines of the site of patient care, but is immediately available via phone, and is available to provide or refer to another anesthesia attending faculty member to provide Direct Supervision.

- **Oversight:**
  The supervising anesthesia attending physician is available to provide review of procedures/encounters with feedback provided after care is delivered. (ACGME definition)

PGY1: First year of training (Intern)
PGY 2/CA1: First year anesthesia trainee
PGY 3/CA2: Second year anesthesia trainee
PGY 4/CA3: Third year anesthesia trainee
Trainee\(^1\) Supervision Policy - Anesthesiology

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\(^1\) Trainee = PGY1/Intern; PGY2/CA1; PGY3/CA2 and PGY4/CA3