Roles, Responsibilities and Patient Care Activities for Residents and Fellows
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University of Washington Vascular Surgery Residency and Fellowship

Harborview Medical Center
Puget Sound VA Health Care System
University of Washington Medical Center

Roles

Residents are physicians in training. They learn the skills necessary for their chosen specialty through didactic sessions, reading and providing patient care under the supervision of the Medical Staff (the Attendings) and senior trainees. As part of their training program, residents are given progressively greater responsibility according to their level of education, ability and experience.

Sub-specialty trainees, having completed a residency in General Surgery, are generally referred to as fellows. Fellows are engaged in a program of study intended to qualify them for subspecialty board certification.

Responsibilities and Patient Care Activities

Residents and fellows are part of a team of providers caring for patients. The team includes an attending and may include other licensed independent practitioners, other trainees and medical students. Residents and fellows may provide care in both the inpatient and outpatient settings. They may serve on a team providing direct patient care, or may be part of a team providing consultative or diagnostic services. Each member of the team is dedicated to providing excellent patient care.

Residents and fellows evaluate patients, obtain medical history and perform physical examinations. They are expected to develop a differential diagnosis and problem list. Using this information, they arrive at a plan of care or a set of recommendations in conjunction with the attending. They document the provision of patient care as required by hospital/clinic policy. Residents and fellows may write orders for diagnostic studies and therapeutic interventions as specified in the medical center bylaws and rules/regulations. They may interpret the results of laboratory and other diagnostic testing. They may request consultation for diagnostic studies, the evaluation by other physicians, physical/rehabilitation therapy, specialized nursing care, and social services. They may participate in procedures performed in the clinic, operating room or procedure suite under appropriate supervision. Residents and fellows may initiate and coordinate hospital admission and discharge planning. Residents and fellows discuss the patient's status and plan of care with the attending and the team regularly. Fellows help provide for the educational needs and supervision of any junior residents and medical students. This includes supervision of residents in the performance of appropriate procedures.

Fellows, under the attending's supervision, are frequently responsible for the day-to-day management of the patient care team, particularly in the intensive care unit and for teams providing consultative or diagnostic services. They may also provide care for patients in the outpatient setting or emergency department under the supervision of an attending. Fellows coordinate the actions of the team; interact with nursing and other administrative staff.
Supervision of Invasive Procedures

In a training program, as in any clinical practice, it is incumbent upon the physician to be aware of his/her own limitations in managing a given patient, and to consult a physician with more expertise when necessary. When a resident or fellow requires supervision, this may be provided by a qualified member of the Medical Staff or by a trainee who is authorized to perform the procedure independently. In all cases, the attending physician is ultimately responsible for the provision of care by trainees. When there is any doubt about the need for supervision, the attending should be contacted.

Supervision is defined in this policy that the Medical Staff member has been notified of a procedure and has deemed the resident or fellow qualified to perform the procedure without direct supervision. Direct supervision is defined as the presence of a qualified Medical Staff member at the bedside.

No supervision required:

- Phlebotomy, placement of peripheral intravenous catheters, dressing changes, suture placement and removal, central venous catheter removal, anoscopy, abdominal paracentesis, arterial puncture/catheterization, arthrocentesis, central venous line placement by subclavian, internal jugular and femoral approaches, lumbar puncture, nasogastric intubation, thoracentesis, pulmonary artery catheterization, chest tube placement, elective endotracheal intubation, transvenous pacemaker placement.

The following procedures may be performed with the indicated level of supervision:

Direct supervision required for the first 3 months of residency or fellowship training, afterwards supervision required:

- Sedation for procedures (AKA conscious sedation)*
- Thrombin injection for arterial pseudoaneurysms

Direct supervision always required by a qualified member of the Medical Staff:

- Surgical procedures performed in the operating room
- All other invasive procedures not listed above

*Unless the resident or fellow has taken a sedation course approved by the medical center, in which case they may provide sedation independently

Residents or fellows may begin surgical cases performed in the clinic or operating room on a case-by-case basis after discussion with the attending.

Emergency Procedures

It is recognized that in the provision of medicine sudden, unanticipated and life-threatening events may occur. The resident or fellow may attempt any of the procedures normally requiring supervision in a case where the death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available.
Review and Promotion Process

The training program uses a multifaceted assessment process to determine a resident or fellow’s progressive involvement and independence in providing patient care. Residents and fellows are observed directly by the attending staff throughout clinical training. Formal assessments are generally obtained from supervising physicians, residents and students on a monthly basis. Residents and fellows are evaluated on their medical knowledge, technical skills, professional attitudes, behavior, and overall ability to manage the care of a patient. In addition, resident and fellow performance is discussed at the Division Faculty meetings. Direct feedback regarding the resident or fellow’s performance is provided regularly by the Program Director. Annually, the fellowship Program Director and the Division faculty determine if the trainee possesses sufficient training and the qualifications necessary to be promoted to the next level.

Trainees are evaluated continuously by the attending staff. If, at any time, their performance is judged to be below expectations, the Program Director (or designee) will meet with the trainee to develop a remediation plan. If the trainee fails to follow that plan, or the intervention is not successful, the trainee may be dismissed from the program. If a trainee’s clinical activities are restricted (e.g., they require a supervisor’s presence during a procedure, when one would not normally be required for that level of training) that information will be made available to the appropriate attending and hospital staff.

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