



University of Washington Division of Plastic Surgery

Supervision Policy rev 1-2025

Clinical Training Sites:

- Harborview Medical Center
- Seattle Children's Hospital
- University of Washington Medical Center – Montlake
- VA Medical Center Puget Sound
- Plastic and Reconstructive Surgeons, Inc. (Renton, WA)
- Madison Tower Plastic Surgery (Seattle, WA)
- University of Washington Medical Center - Northwest

Responsibilities and Accountability

Each patient must have an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. This information will be available through the Plastic Surgery Division Call Schedule, operating room schedules of pertinent clinical sites, electronic medical record and clinic schedules to residents/fellows, faculty members, other members of the health care team, and patients.

Residents will be given graded progressive responsibility according to the individual's clinical experience, judgment, knowledge and technical skill. Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.

The program will provide the appropriate level of supervision for each resident based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

Supervision Definitions

To promote oversight of resident supervision while providing graded autonomy and responsibility, the following levels of supervision are recognized:

- Direct Supervision
 1. The supervising physician is physically present with the resident during the key portions of the patient interaction;
 - a. PGY-1 residents must initially be supervised directly, only as described above.
 2. Or the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
- Indirect Supervision:

The supervising physician does not provide physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
- Oversight

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

Levels of Supervision for Clinical Activities and Invasive Procedures

Direct Supervision by an attending Plastic Surgeon is required for “critical” or “key” portions of procedures performed in the operating room regardless of resident level. The “critical” or “key” portions of an operation include stages when essential technical expertise and surgical judgment are necessary to achieve an optimal patient outcome. The critical or key portions of an operation are determined by the primary attending surgeon.

Indirect Supervision by the attending Plastic Surgeon of record is the minimum supervision requirement for all procedures involving anesthesia, regardless of resident level. This includes non-critical portions of procedures performed in the operating room or anesthesia-assisted procedures (AAPs). Exceptions include procedures performed under sedation in the Emergency Department, as these are overseen by the Emergency Medicine attending physician—these include but are not limited to fracture reductions/splinting as well as laceration repairs.

Indirect Supervision and Oversight are appropriate for procedures and clinical activities not performed under sedation, with the minimum level of supervision being Oversight. Exemptions to this policy are outlined below in the *Attending Call Triggers Policy*.

Resident Competence & Delegated Authority

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.

Clinical Responsibilities by PGY-Level

- **PGY-1 Residents**

PGY-1 residents are initially *directly supervised* and will progress to *indirect supervision* with progressive graded responsibilities as merited. They may supervise medical students; however, the attending physician is responsible for the care of the patient.

- **Mid-level Residents**

For the purpose of definition, Mid-level Residents in the Plastic Surgery residency are classified as those in their PGY-2 and PGY-3 clinical training years. Intermediate residents may be *directly supervised*, *indirectly supervised*, or *supervised via oversight*. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. Mid-level residents may supervise more junior residents and/or medical students; however, the attending physician is responsible for the care of the patient.

- **Senior Residents**

For the purpose of definition, Senior Residents in the Plastic Surgery residency are classified as PGY4, PGY5 or PGY6 clinical training years. Senior residents may be *directly supervised*, *indirectly supervised*, or *supervised via oversight*. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. Senior residents may supervise more junior residents and/or medical students; however, the attending physician is responsible for the care of the patient.