Program: Obstetrics and Gynecology

Policy: Resident Supervision Policy

Effective Date: April 16, 2012

PURPOSE: To define the policy of the Department regarding supervision of resident physicians by attending physicians in the Department of Obstetrics and Gynecology. This policy applies to all patient care provided by residents in the Department of Obstetrics and Gynecology at The George Washington University Medical Center and Medical Faculty Associates.

All residents in patient care settings must be supervised by qualified faculty in such a manner that permits a resident to assume progressive, increased responsibility for patient care according to their level of training, ability, and experience.

The following terms have been defined by the ACGME:

**Direct Supervision:**
The supervising physician is physically present with the resident and patient.

**Indirect Supervision:**
- With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

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

**PGY-1** residents should be supervised either directly OR indirectly with direct supervision immediately available at all times. Supervision of may be provided by an attending physician, a certified nurse midwife or a senior (PGY3/4) resident.

**PGY-1** residents are required to be supervised directly in the following situations:

- Vaginal delivery (operative and spontaneous) and all laceration repairs
- Cesarean delivery
- Circumcision
- Gynecologic surgery
Performing pelvic exams during the first 6 months of residency training or until competency is demonstrated
Office procedures such as endometrial biopsy, colposcopy, LEEP, hysteroscopy and IUD insertion
Obstetric and gynecologic ultrasound during the first 6 months of training or until competency is demonstrated
Consenting patients for procedures including cesarean delivery, circumcision, gynecologic surgery and blood transfusion until competency is demonstrated.

PGY-2/3 residents are required to have direct supervision in the following situations:
- Gynecologic surgery
- Operative vaginal delivery
- Repair of third and fourth degree lacerations
- Counseling patients for gynecologic procedures until competency is demonstrated.

PGY 4 residents are required to have direct supervision in the following situations:
- Gynecologic surgery
- Repair of fourth degree lacerations
- Cesarean hysterectomy
- Writing chemotherapy orders (with the exception of methotrexate for treatment of ectopic pregnancy)

In the remainder of situations, residents are required to have indirect supervision with direct supervision immediately available. In other words, at all times besides the specific situations listed above, there is a supervisor available in the hospital or clinic when patient care is being provided.

Demonstrating Competency
Residents are required to demonstrate competency before performing skills with indirect supervision. PGY 1 and 2 residents carry competency cards to help document their competency in certain skills. The PGY 1 and 2 residents must be directly supervised performing a skill before being deemed competent by an appropriate supervisor and the card signed.

Emergency Situations
These guidelines do not apply to emergency or life threatening conditions. Any resident may perform the necessary procedures in order to preserve life if mandated by the circumstance. Residents are required to ask for assistance immediately in these scenarios from the in-hospital attending and may move forward with performing necessary procedures once assistance has been called for if necessary.

APPROVED BY GMEC: April 16, 2012