IOWA METHODIST MEDICAL CENTER
Department of Surgery Education
Policies & Procedures

TITLE: Policy on Participation in Full Continuity in Surgical Care

Purpose
This policy defines expectations of resident and faculty participation in the full spectrum of surgical care.

Procedures
Preoperative Evaluation: Residents should participate in the preoperative assessment and decision-making in the full spectrum of surgical patients. Faculty will provide mentoring, continuing assessments and participation in surgical decision-making.

While the resident may become an intimate part of the patient-physician relationship, this must not interfere with the realization the faculty physician is ultimately responsible to the patient. All learners are required to make the patient aware of their status.

When possible, preoperative assessment will occur in an ambulatory clinic. When this has not occurred, the resident is expected to interview and evaluate the patient preoperatively. The resident must generate a preoperative assessment note that clearly demonstrates resident participation in selection and rationale of surgical therapy. This evaluation may occur in the preoperative area, inpatient facility center, or in the clinics of the service.

Participation in Operative Care:
1. Resident participation in operative care is progressive with training and will be conducted with concurrent faculty supervision. Such supervision must be documented. The faculty is responsible for all intra-operative activity.
2. Residents will be considered "surgeon" for this component when they have conducted at least fifty (50) percent of the complex component of the operation.
3. Resident will generate documentation of the operative technique, if so directed by faculty. Resident will note in the operative dictation the faculty participation in the operation.
4. Resident will transfer the patient to the post-anesthesia unit with anesthesia personnel and assure the patient is reasonably free of threat to health prior to departing the post-anesthesia care unit.

Participation in Post-operative Care:
1. The resident is expected to provide principal postoperative care to assigned patients.
2. Postoperative checks within 2 to 6 hours of operation are expected and must be documented by the operating resident.
3. Daily evaluations and progress notes demonstrating comprehensive understanding of the postoperative condition are to be generated. Residents are responsible for postoperative therapies.
4. Daily faculty contact is required to verify corroboration of resident assessment; and faculty is expected to document participation in the patient chart.
5. At discharge, the resident will participate in discharge instruction and therapies and will document both in a dictated discharge summary as defined by the hospital medical staff guidelines.

Participation in Post-Discharge Care: Realizing various services have such divergent ambulatory clinic structure to prevent full participation by the residents of the service, the Surgery Education Committee mandates that residents, while on assignments in an essential content area, participate in ambulatory clinic for one half-day session weekly. The goal of such activity is to provide instruction for a broad range of surgical conditions in the following:

1. Preoperative assessment decision making and counseling.
2. Gain familiarity with the resolution phase of surgical conditions while gaining competence in assessment techniques.
3. Participate in post-discharge procedures, i.e. drain or suture removal.
4. Participation in the smooth, efficient flow of patients through the clinic and, in so doing, becomes familiar with practice management techniques.
5. Resident will document participation in the clinic records of the residency program as well as the patient chart where appropriate.

The ambulatory (clinic) experience will be arranged with the faculty service director for each rotation, including the location and time of the clinic.