SUPERVISION

POLICY:

In the UNC Department of Otolaryngology and its affiliated hospitals, all resident activity involving patient care occurs under either direct or indirect supervision of attending faculty member.

PGY1 residents will have direct supervision in the performance of all advanced patient management and procedural activities. Indirect supervision is permissible for activities including admissions and discharges, pre-operative evaluation and management interpretations of lab results, transfer of patients between units, and other procedures and patient management tasks for which they have demonstrated competency.

At all clinical locations, residents (PGY 2-5) are provided with faculty/attending schedules and contact information such as pager and mobile telephone numbers. At both WakeMed Hospitals and the University of North Carolina Hospitals in Chapel Hill, academic faculty members take call for 24 hours at a time. If a specific faculty member is not reachable, the resident staff is to contact the attending in charge of the rotation, the Program Director, and the Chairman (in that order) for direction on how to proceed.

All surgical procedures are supervised by the physical presence of (direct supervision) of an attending surgeon. Exceptions to this policy may be made at the discretion of the supervising faculty physician based on the resident’s level of experience and surgical competence. At all times the attending faculty is responsible for all aspects of patient care and will be available in at least an indirect supervisory role.

Patient care delivered in all clinical settings outside of the operating room is the responsibility of the attending otolaryngologist for that individual patient. All patients seen in all clinical settings have an assigned faculty/attending physician. An on-site faculty/attending physician oversees the residents’ clinic, providing direct, indirect or oversight supervision as appropriate for the residents level of experience.

When a procedure is performed on an inpatient or in the emergency department, this may be done by a resident only if that resident has an appropriate level of experience, and with supervision of the senior resident on-call, attending Emergency Medicine faculty or the on-call Otolaryngology faculty member as appropriate. A hierarchy of supervision is established such that junior residents (PGY2 and 3) are supervised by an assigned senior or chief resident and/or the on-call/ responsible faculty member.