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A SURVEY OF UNITED STATES ACADEMIC CHAIRS ON RESIDENT SUPERVISION

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INTRODUCTION

There are residents' concerns that at the beginning of their residency training program there is little teaching prior to and during the anesthetic administration. Many residents consider that they are left alone during the anesthesia of a surgical procedure, the teaching physician being present only during induction of and emergence from anesthesia. This survey was undertaken to determine departmental policies regarding supervision in 1999.

It should be noted that Medicare rules on payment for teaching physicians were revised in 1996 by the Health Care Financing Administration (HCFA)1, now known as the Centers for Medicare and Medicaid Services (CMS). For services to be reimbursable, teaching physicians must be physically present except under certain narrow circumstances. The rules also specify what documentation requirements are necessary for a teaching physician. For surgical specialties, the teaching physician must be present during all critical portions of the procedure, though presence is not required during opening and closing. It is obvious that for the specialty of anesthesiology, the teaching physician should be present at least during induction and emergence (with some exceptions) since these times are the critical periods for most anesthetics.

METHODS

Attendees at the 1999 meeting of the SAACA/AAPD (Society of Academic Anesthesiology Chairs/ Association of Anesthesiology Program Directors were asked to answer a survey. The questions and answers are given below.

Question 1. Do you have departmental policies on resident supervision? 67 Yes 0 No

Question 2. Are residents in your program allowed to start induction/intubation or regional

blockade without the physical presence of the anesthesia attending?

15 (22%) Yes 52 (78%) No

Question 3. If answered "yes" to question #2, at what level of training and ASA physical status?

Clinical Base CAY1 1 CAY2 8 CAY3 6

Question 4. Can residents in your program extubate a patient without the physical presence of the Anesthesia attending?

40 Yes 27 No

Question 5. What is the maximum attending to resident supervision ratio in your program?

1:1- 1 1:2 - 57 1:3 - 9 1:4 -0

Question 6. How would you interpret the following policy: Check all that apply and write comments:

"It is the policy of this department that residents are not to start a case without faculty present. It is also a policy of this department that extubation cannot occur without faculty present. If a faculty gives you express permission to start a case or extubate a patient that is acceptable. Please ensure these policies are followed at all times."

40 A. approve

16 B. not approve

13 C. clear

8 D. unclear

DISCUSSION AND CONCLUSIONS

The answer to question 5 indicated that almost all respondents followed the Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME) that no attending should supervise more than two residents concurrently.[2]

The fact that 9 respondents did not follow this rule is of concern and suggests that future survey questions should request reason(s) for some of the answers. Although question 6 was unclear to a small number, the majority approved. The survey demonstrated that all respondents had a policy on resident supervision.

Of the 132 AAPD members, 94 (71%) attended the 1999 meeting of the SAAC/AAPD and 67 completed the survey (71% of those attending being 51% of the total membership). A more extensive and refined questionnaire submitted to the 141 medical schools and about 400 teaching hospitals in the USA and Canada hopefully will result in similar findings.

An increase in teaching physician coverage should be pursued to respond to residents' concerns and thus further improve patient safety and decrease the potential for litigation.

REFERENCES

1. Rules and Regulations. Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1996. Federal Register. 1996 Aug 15;61(no 159) 61 FR 42385.

2. http://www.acgme.org/req/040pr101.asp.

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