



**Department of Veterans Affairs  
Office of Inspector General**

**Office of Healthcare Inspections**

**Report No. 14-00637-199**

## **Healthcare Inspection**

### **Resident Supervision in the Operating Room**

**Ralph H. Johnson VA Medical Center  
Charleston, South Carolina**

**June 23, 2014**

**Washington, DC 20420**

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## Executive Summary

The VA Office of Inspector General (OIG) Office of Healthcare Inspections conducted a review in response to the allegation that inexperienced and first-year residents in the Anesthesiology Service at the Ralph H. Johnson VA Medical Center were improperly supervised while in the operating room. During this review, OIG assessed the merit of the allegations.

We conducted an unannounced site visit at the facility from February 19–20, 2014. Upon arrival at the facility, we immediately inspected the operating room (OR). We observed four procedures that were either in progress or being initiated at the time of our unannounced inspection. We identified and recorded the names and positions of the staff present and participating in each OR. In all four instances, the appropriate staff was present. Oversight was consistent with required anesthesiology resident supervision.

We did not substantiate the allegation that anesthesiology residents are inadequately supervised while in the OR. We concluded that supervisory practices and expectations are clearly understood and adhered to by facility attendings, residents, and OR staff.

We made no recommendations.

### Comments

The Veterans Integrated Service Network and System Directors concurred with the report. (See Appendixes A and B, pages 6–7, for the Directors' comments.) No further action is required.



JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## Purpose

The VA Office of Inspector General (OIG) Office of Healthcare Inspections conducted an inspection in response to an allegation of failure to supervise “inexperienced” and first-year anesthesia residents in the operating rooms (ORs) of the Ralph H. Johnson VA Medical Center, Charleston, SC (facility). The purpose of this inspection was to assess the merit of this allegation.

## Background

**Facility Profile.** The facility is a 117-bed tertiary care medical center that provides acute medical, surgical, and psychiatric inpatient care as well as outpatient primary and mental health care. The facility, a referral center for six community based outpatient clinics located in South Carolina and Georgia, is part of Veterans Integrated Service Network (VISN) 7 and serves more than 53,000 veterans along the South Carolina and Georgia coastline.

The facility is designated as a Complex VHA Surgical Program.<sup>1</sup> In addition to general surgery, some of the more complex cases performed at the facility include cardiothoracic, bariatric, and plastic surgery. Currently the facility has five operating rooms.

The facility is affiliated with the Medical University of South Carolina (MUSC), which is also located in Charleston. As such, medical students, all program year residents, fellows, and nurses-in-training participate in clinical rotations at the facility.<sup>2</sup> Specifically, MUSC’s Anesthesiology Residency, “an integrated 4-year training program (intern year and 3-year residency),” includes rotations at the facility for both general and cardiothoracic anesthesia.

**Allegation.** On September 20, 2013, OIG’s Hotline Division received an allegation that inexperienced anesthesia residents were not properly supervised while in the OR and that first-year residents were left alone for long periods of time without supervision. According to the complainant, this situation had been occurring since July 1, 2012.

## Scope and Methodology

We conducted an unannounced site visit at the facility February 19–20, 2014. Upon arrival at the facility, we immediately inspected the OR. We observed four procedures that were either in progress or being initiated at the time of our unannounced inspection.

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<sup>1</sup> VHA Directive 2010-018, *Facility Infrastructure Requirements to Perform Standard, Intermediate, or Complex Surgical Procedures*, May 6, 2010.

<sup>2</sup> The term “resident” includes individuals in their first year of training after completing medical school, who are sometimes referred to as “interns,” and individuals in approved subspecialty graduate medical education programs, who are also referred to as “fellows.” Fellows have already completed their residency training and are continuing further training in a subspecialty program.

We identified and recorded the names and positions of the staff present and participating in each OR.

We interviewed relevant clinical and managerial staff including the facility's Chief of Anesthesia, Chief of Surgery, Chief Certified Registered Nurse Anesthetist (CRNA), Associate Chief of Staff for Education, as well as OR staff nurses, anesthesiology residents, surgical residents, anesthesiologists, and surgeons.

We reviewed relevant facility policies and procedures and related VHA guidelines. We also reviewed the following:

- Accreditation Council for Graduate Medical Education (ACGME)<sup>3</sup> guidelines regarding resident supervision
- ACGME Surgical and Anesthesia Resident Survey results for FY 2012–2013
- Facility patient safety reports and peer reviews involving surgery and anesthesia residents
- Facility and MUSC Letters of Agreement for the Surgery, Anesthesiology, and Cardiothoracic Anesthesiology Services
- The Veterans Health Administration's FY 2013 Quarter 4 National Surgical Office Report
- Surgical and anesthesiology residents' credentials and primary source verification documentation
- OR staffing board and daily assignment ledgers
- Electronic Health Record (EHR) documentation of medical staff present in the OR during particular procedures
- Supervisor and resident OR schedules for the week of February 16, 2014

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

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<sup>3</sup> The ACGME is the body responsible for accrediting the majority of graduate medical training programs for physicians in the United States. It is a non-profit private council that evaluates and accredits medical residency and internship programs.

## Inspection Results

### Issue 1: Inadequate Supervision of Anesthesiology Residents in the OR

We did not substantiate the allegation that inexperienced anesthesia residents were not adequately supervised or that first-year residents were left alone for long periods without supervision while in the OR.

#### *Unannounced Inspection of the Facility's ORs*

Upon arrival at the facility's OR suites, we identified four procedures either in progress or just being initiated. In all four instances, the appropriate staff were present. Oversight was consistent with required anesthesiology resident supervision.

Both the ACGME<sup>4</sup> and VHA<sup>5</sup> guidelines require documented evidence of faculty involvement with direct clinical supervision, tutorials, and lectures of residents. Additionally, the facility requires that all staff who provide care and/or who are present throughout a procedure in the OR be documented in a patient's EHR.

Our observations during the unannounced inspection were generally consistent with documentation in the EHR. The EHRs accurately reflected the staff present in three of the four cases. Documentation for one case did not reflect a second CRNA who relieved the CRNA who initiated the case.

Anesthesiology residents we interviewed reported that they received sufficient supervision by attending anesthesiologists. They stated that anesthesiology attendings were either in the OR with the resident or nearby and readily available for questions and/or to assist. In fact, some residents reported feeling that they were frequently over-supervised, in that residents nearing the completion of their residency program reported being supervised with similar intensity as less advanced residents. Additionally, residents stated that they have a "good team" in the OR, one that is cordial and patient focused, and they feel psychologically safe to ask questions.

We found that the facility holds three orientations in June and July for incoming residents. During these orientations, expectations and sources for guidance are clearly discussed, and the various channels for residents to address questions and/or concerns are presented.

Residents who rotate through a VA facility and training sites are given the opportunity to complete confidential written evaluations, "The ACGME Resident Survey," of supervising practitioners. Residents at the facility completed the ACGME Resident Survey during April–May 2013. One hundred percent of the facility's anesthesiology residents participated in this survey, and the results did not indicate concerns related to lack of attending physician involvement or supervision.

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<sup>4</sup> ACGME, *Program Requirements for Graduate Medical Education in Anesthesiology*, July 1, 2008.

<sup>5</sup> VHA Handbook 1400.01, *Resident Supervision*, December 19, 2012.

### *Resident Supervision and Local Policies*

According to VHA, first post-graduate year (PGY-1) residents performing OR procedures must be directly supervised at all times.<sup>6</sup> The ACGME outlines a similar requirement for PGY-1 anesthesiology residents, requiring that they be supervised either directly or indirectly with direct supervision immediately available.<sup>7</sup> The ACGME also requires sites participating in graduate medical education (GME) to have a program letter of agreement (PLA) between the medical program and each participating site providing a required assignment.<sup>8</sup> The PLA outlines the residency program expectations for both residents and attendings. Overall, the facility's anesthesiology program is in compliance with these requirements.

We found that attending anesthesiologists supervised both CRNAs and anesthesiology residents.<sup>9</sup> Anesthesiology attendings were reported to cover no more than two locations and were present for intubation,<sup>10</sup> extubation,<sup>11</sup> and other key portions of a surgical procedure. When an anesthesiology attending is required to cover two areas, he/she checks in with each resident and/or CRNA approximately every 15–20 minutes and is available in either the OR suite or anesthesia offices (which are located in the hallway directly outside the OR). It is understood that if the anesthesia provider needs to leave the suite or office area, the process is to “hand off” care to another anesthesia provider in the OR suite.

In addition to a general anesthesiology residency, the facility supports a cardiothoracic anesthesia residency. The residents in this program are supervised one-to-one by an attending anesthesiologist.

The facility Director is responsible for ensuring that a local monitoring process exists for resident supervision and that a local policy, incorporating all required elements, is created and entitled “Monitoring of Resident Supervision.”<sup>12</sup> We found that the facility is in compliance with these requirements. It had developed local policies around the supervision of residents, monitoring of resident supervision, surgical resident work schedules, and surgical attending and resident communication.

### *Advancement of Residents*

A core tenant of GME is “graded and progressive responsibility.” As residents gain experience and demonstrate growth in their ability to care for patients, they assume

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<sup>6</sup> VHA Handbook 1400.01.

<sup>7</sup> ACGME, *Program Requirements for Graduate Medical Education in Anesthesiology*, July 1, 2008.

<sup>8</sup> ACGME, *Program Requirements for Graduate Medical Education in Anesthesiology*, July 1, 2008.

<sup>9</sup> An attending physician is a physician who has completed residency and practices medicine in a clinic or hospital, in a specialty learned during residency. An attending physician can supervise fellows, residents, and medical students. Attending physicians have final responsibility, legally and otherwise, for patient care, even when many of the minute-to-minute decisions are being made by subordinates.

<sup>10</sup> Intubation is the placement of a flexible plastic tube into the trachea (windpipe) to maintain an open airway.

<sup>11</sup> Extubation is the removal of the tube after intubation.

<sup>12</sup> VHA Handbook 1400.01.

roles that permit them to exercise those skills with greater independence.<sup>13</sup> The process of progressive responsibility is the underlying educational principle for GME regardless of specialty or discipline.

Supervision in the setting of GME has the goals of assuring the provision of safe and effective care to the individual patient while ensuring each resident's development of the skills, knowledge, and attitude required to move into the unsupervised practice of medicine.<sup>14</sup> VHA policy aligns with the ACGME guidelines. As such, a supervising practitioner must provide an appropriate level of intensity of supervision, and determination of the level and intensity of supervision is a function of the experience and demonstrated competence of the resident and the complexity of a patient's health care needs.<sup>15</sup> In addition, residents, as individuals, should be aware of their limitations and not attempt to provide clinical services or do procedures for which they are not trained.<sup>16</sup>

We found that facility and anesthesiology residency program determinations regarding the supervision and promotion to the next level were based on competency and not simply on the resident's PGY. The residency program panel considers three main factors when making such determinations. Decisions are based on formal program requirements, input from specialty review panels that include representatives from the VA and MUSC, and subjective opinions of attending physicians.

## **Issue 2: Incidental Observations Regarding Supervision of Surgery Residents in the OR**

Due to the close working relationship between surgery and anesthesiology, we also reviewed the surgical residency supervisory practices in the OR. Surgical residents we interviewed stated that they receive sufficient supervision by attending surgeons. Surgical residents also stated they have a "good team" in the OR and feel psychologically safe to ask questions. Seventy-eight percent of surgical residents participated in the ACGME Resident Survey, and the results did not indicate any concerns related to lack of attending physician involvement or supervision.

## **Conclusions**

We did not substantiate the allegation that inexperienced residents in the Anesthesiology Service were improperly supervised while in the facility's OR. We concluded that supervisory practices and expectations were clearly understood and adhered to by facility attendings, residents, and OR staff.

We made no recommendations.

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<sup>13</sup> ACGME, *Program Requirements for Graduate Medical Education in Anesthesiology*, July 1, 2008.

<sup>14</sup> ACGME, *Program Requirements for Graduate Medical Education in Anesthesiology*, July 1, 2008.

<sup>15</sup> VHA Handbook 1400.01.

<sup>16</sup> VHA Handbook 1400.01.



## VISN Director Comments

**Department of  
Veterans Affairs**

### **Memorandum**

**Date:** June 2, 2014

**From:** Network Director, VA Southeast Network (10N7)

**Subj:** **Healthcare Inspection—Resident Supervision in the Operating Room, Ralph H. Johnson VA Medical Center, Charleston, SC**

**To:** Director, Seattle Regional Office of Healthcare Inspections (54SE)

**Cc:** Director, Management Review Service (VHA 10AR MRS OIG Hotline)

1. VISN 7 concurs with the subject Healthcare Inspection Report. Thanks for your review and validation of the Charleston VAMC's resident supervision practices.
2. If there are any questions, please contact Dr. Robin Hindsman at 678-924-5723.

*(original signed by:)*  
Charles E. Sepich, FACHE

## Facility Director Comments

**Department of  
Veterans Affairs**

### **Memorandum**

**Date:** May 27, 2014

**From:** Director, Ralph H. Johnson VA Medical Center (534/00)

**Subj:** **Healthcare Inspection—Resident Supervision in the Operating Room, Ralph H. Johnson VA Medical Center, Charleston, SC**

**To:** Director, VA Southeast Network (10N7)

This is response to the VA Office of Inspector General (OIG) Office of Healthcare Inspections. An onsite review regarding resident supervision in the operating room at the Ralph H. Johnson VA Medical Center was conducted on February 19-20, 2014. We concur with the report.

*(original signed by:)*  
Scott R. Isaacks, FACHE

## OIG Contact and Staff Acknowledgments

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| <b>Contact</b> | For more information about this report, please contact the OIG at (202) 461-4720. |
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