

**THE MOUNT SINAI SCHOOL OF MEDICINE  
GENERAL SURGERY RESIDENCY PROGRAM**

**Delineation of Privileges for House Staff**

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**I. Statement of Intent**

The goal of the Department of Surgery at The Mount Sinai Medical Center is to train young surgeons and equip them with the necessary knowledge and competence in basic sciences and clinical surgery. Under direct supervision of the faculty, residents undergo a rigorous training curriculum that will enable them to be competent practicing surgeons in the community as well as leaders in the field of Surgery. In addition to the clinical services at The Mount Sinai Hospital, residents' postgraduate training involves rotations in the following affiliate hospitals: Elmhurst Hospital Center, the Bronx Veterans Affairs Hospital, and Englewood Hospital. Additional rotations include a month of GI Endoscopy and Burn Unit rotations at Queens Hospital Center and the Jacobi Medical Center, respectively.

**II. Role of Attendings in the Department of Surgery**

Each patient admitted to the hospital has an attending physician. Private patients have their own attendings, and patients admitted from the clinic or emergency room are each assigned an attending. These attendings have the ultimate responsibility for the complete care of the patient. Attending physicians in the Department of Surgery are licensed physicians who are board eligible or board certified in their respective discipline and hold faculty appointment(s) at The Mount Sinai School of Medicine. The attending physician is ultimately responsible for all clinical care provided by the resident. In doing so, the attendings review the performance of trainees on a daily basis and document their participation with appropriate notation in the written record.

**III. Chain of Command**

Depending on the service, one or more residents will care for the patient. The chain of command in our residency program emphasizes graded authority and increasing responsibility as experience is gained. Residents are divided into three groups: junior residents or PGY-I and II's, senior residents or PGY-III and IV's, and chief residents or PGY-V's. Junior residents report to senior residents who report to the chief residents. Chief residents report to attending physicians or to the General Surgery Residency Program Director or Department Chairman. Direct supervision by an attending physician is provided for all of the residents' clinical responsibilities. A team of residents, including junior and senior residents, care for each patient. Residents can only perform procedures independently if they are credentialed to do so. If necessary, residents have access to indirect supervision by an attending physician. Each patient has an attending physician who is one's private physician, or, is an assigned attending, if the patient does not have one's own physician. Any patient taken to the operating room has an attending physician responsible for his or her operation and subsequent care.

**A. Directors of Service**

Ultimate responsibility for clinical services resides with the Department Chairman and General Surgery Residency Program Director. These individuals are responsible for the overall planning, organization, implementation, and evaluation of the residency program as well as for the ultimate supervision of clinical activities carried out by the residents. Either through direct supervision or through supervisory responsibilities to designated faculty members, resident activities are closely monitored to assure that consistently high standards of patient care occur while the residents fully develop their clinical skills.

## B. Program Director

The General Surgery Residency Program Director is responsible for program organization, scheduling, monitoring of the evaluation process, and identification of inadequacies in resident performance. The General Surgery Residency Program Director is responsible for counseling residents when necessary.

## C. Chiefs of Service

The Chief of Service heads each surgical team and, in turn, is responsible to the General Surgery Residency Program Director and ultimately the Department Chairman. The Chiefs of Service are responsible for the direction and supervision of residents and evaluation of their performance while rotating on their service. Issues that cannot be resolved by the Chiefs of Service are brought to the attention of the General Surgery Residency Program Director and/or Department Chairman for resolution.

## D. Attending Physicians

Attending physicians on the various clinical services are all faculty members of the Department of Surgery. The Department Chairman and General Surgery Program Director delegate the responsibility on a rotational basis to them for the supervision of care provided by residents. These attending physicians are also responsible for supervision of performance and for evaluation of such performance. Each and every resident is assigned one or more attendings to whom they report directly on every rotation both onsite and offsite. In addition, each resident is assigned an attending mentor during their PGY1 year. This mentorship between the resident and attending lasts for the entire duration of the residency program, ensuring that the resident always has an attending to not only report to, but also use as an educational and clinical resource throughout all aspects of clinical care.

# **IV: Methods of Supervision**

## A. Delineation of Privileges

Residents are permitted to perform patient evaluations including: obtaining a history, conducting a physical examination, ordering or performing appropriate diagnostic procedures, and initiating appropriate therapy. These activities are reviewed on a regular basis with the responsible attending physician who subsequently provides documentation of this in the written record. Every resident is assigned an attending to whom they report directly on each rotation, both offsite and onsite.

## B. Performance Evaluation

At the completion of each resident's clinical rotation, the Chief of Service and attending physician complete an electronic evaluation. The General Surgery Residency Program Director subsequently reviews the evaluations, and ultimately discusses the resident's progress with the Department Chairman. The General Surgery Residency Program Director reviews the evaluations with the trainee at intervals no greater than every six months. Satisfactory performance is required in order for the resident to advance through the program. The award of a formal certificate acknowledges successful completion of the five-year General Surgery Residency Program.

## **IV. Procedural Proficiency**

### **A. Procedures**

With respect to determining privileges, the focus of the Department of Surgery is on its residents. The process of credentialing is taken care of by the Program Director. Each resident is credentialed after appropriate consultation between senior and chief residents and the Program Director, who determines when residents are ready to perform procedures independently. Procedure ACGME Case Logs are reviewed with residents during biannual meetings with the Program Director. Other procedures are credentialed if the attending on the service feels that the resident has gained an adequate experience. For example, residents may put in CVP lines after their second ICU rotation. Records of what procedures a resident is credentialed to perform is kept in each resident's file, uploaded on New Innovations, and is updated biannually.

### **B. Evaluation & Cognitive Skills**

Proficiency in evaluation and cognitive skills appropriate for qualification in General Surgery is acquired through the training provided and is certified by the faculty during the course of formal evaluations. These skills are in keeping with the guidelines established for accreditation of General Surgery programs by the ACGME Residency Review Committee.