Department of Medicine
Calling Your Supervisor

- **ACGME Rules Regarding Supervision**
  - *Direct Supervision*, defined by immediate on-site supervision (via either physical or telecommunication presence; the choice of which will depend on the situation and time of day), is required for all procedures performed by non-credentialed housestaff regardless of the time of day. The supervisor may be a credentialed house officer or faculty member; if the former, the responsible faculty member must be immediately available either on/off site (this is defined as Indirect Supervision depending on the time of day as is described below).
  - *Indirect Supervision*, defined as immediate availability (via either physical or telecommunication presence; the choice of which will depend on the situation and time of day), is required on-site by faculty between 7AM-4PM daily, off-site at a minimum by faculty between 4PM-7AM daily, and is required on-site by senior housestaff 24 hours a day for PGY-1s.
  - *Oversight*, defined as after-care/procedure review of performance.

Regardless of the above ACGME rules regarding supervision, which primarily define the level of supervision required for procedures and routine clinical care, there will undoubtedly be difference of opinion as to whether a supervisor should be notified of a particular situation. While we certainly encourage freedom of thought and autonomy, we must also be mindful of situations that could bring about adverse patient outcomes. For this reason, we have come up with situations that require notification to your supervisor (intern→resident or fellow or attending; resident→fellow or attending).

All activities, including those performed by credentialed housestaff, are always under some level of supervision by the responsible faculty member; it is the faculty member's responsibility to determine what level of supervision is necessary.

While not an exhaustive list, the below situations are examples of what would mandate contacting the supervisor:

Cardiac Issues

-Any situation where ACLS is required
-Hemodynamic Collapse/Shock
-Urgent/Malignant Hypertension
- Chest Pain concerning for ACS, Pneumonia, PE, PTX, Pericarditis, Aortic Dissection

Dermatologic Issues

- New or worsening Skin Rash

Endocrine Issues

- New Hyper/Hypoglycemia
- Thyroid Storm
- Myxedema Coma
- Adrenal Crisis

GI Issues

- Hematemesis
- Melena/Hematochezia/BRBPR
- Surgical Abdomen
- New or Worsening Vomiting/Diarrhea

Hematology/Oncology Issues

- Neutropenic Fever
- Falling Hemogloblin/Hematocrit
- New Blood Dyscrasias
- Transfusion Requirement or Reaction

ID Issues

- Concern of new infection or amending a current antimicrobial regimen

Neurologic Issues

- New Seizure
- Status Epilepticus
- New CVA (or signs/symptoms suggestive of the same)
- New Coma
- New Delirium

Pulmonary Issues

- Respiratory Distress/Arrest
- Any situation in which NIPPV or intubation required.
- Dyspnea concerning for same disease processes listed above under Chest Pain + CHF, Obstructive Lung Disease
- Hypoxia
- Hemoptysis

Renal Issues

- New Oliguria/Anuria
- New Renal Failure
- New Electrolyte Dyscrasia that requires urgent attention
- Gross Hematuria

Miscellaneous Issues

- Patient signing out AMA
- Patient being transferred to a different level of care or a different service
- Death of patient
- A procedure is required
- New Hyper/Hypothermia
- Adverse Drug Reaction
- Pain that is new or in which a narcotic is added or increased
- Danger to self or others
- Consultation required
- Change or Decline in Mental Status from baseline
- Fall
- Change in Code Status