

Department of Medicine

Calling Your Supervisor

- **ACGME Rules Regarding Supervision**

- *Level 1/Direct Supervision*, defined by immediate, in-person supervision, 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).
- *Level 2A/Indirect Supervision*, defined as immediate on-site availability, is required of faculty between 7AM-4PM daily for housestaff clinical responsibilities and is required of senior housestaff 24 hours a day for PGY-1s.
- *Level 2B/Indirect Supervision*, defined as immediate availability from off-site faculty, is required of faculty between 4PM-7AM daily for housestaff clinical responsibilities.

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 for interns require notifying the senior resident (of the team during the day or the Night Float during off-hours; the senior resident, if either contacted by the intern or if faced with the situation directly, will decide whether attending notification is necessary. Interns, of course, can still contact attending directly for any questions/concerns without senior resident pre-approval.

The situations are as follows:

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 Hemoglobin/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

PS: All activities, including those performed by credentialed housestaff, must be under the direct or general supervision of an attending at all times.