

# Department of Medicine

## Faculty Responsibilities

### Supervision Policy

- **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

## **1) Inpatient Floor Teams (General Medicine at UH and VA)**

### **a. 7AM-4PM**

- i. Each team attending will conduct on-site patient-care rounds with the team every morning seven days a week.
  1. If a team attending is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.
- ii. Each team attending will be available (within a 20-mile radius to the hospital) to the team's housestaff and students until at least 4PM Monday-Friday and until at least 12PM on Saturday or Sunday (whichever day the team is present).
  1. If a team attending is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.
- iii. Each team attending must ensure that team handoff/signout is conducted appropriately and is accurate.
  1. If a team faculty member is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.
- iv. Faculty (or credentialed designee) must be physically present to directly supervise any procedure performed by housestaff or students in which there is no credentialed trainee on the team.
  1. If a team faculty member is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.

### **b. 4PM-10PM**

- i. Each team attending will be available by phone and will be contacted for any new patients or any significant changes to current patients. If an issue requires the attending to be present in the hospital, the attending has the option of asking the Nocturnist to provide that service.
  1. If a team faculty member is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.

### **c. 10PM-7AM**

1. The Nocturnist will provide supervision and back-up coverage for all covered General Medicine services.
2. The Nocturnist will provide coverage (without housestaff) for all uncovered General Medicine Services.

## **2) Inpatient Floor Teams (Hematology/Oncology)**

- a. 7AM-4PM
  - i. The team attending will conduct on-site patient-care rounds with the team every morning seven days a week.
    - 1. If the team attending is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.
  - ii. The team attending will be available (within a 20-mile radius to the hospital) to the team's housestaff and students until at least 4PM Monday-Friday and until at least 12PM on Saturday or Sunday (whichever day the team is present).
    - 1. If the team attending is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.
  - iii. The team attending must ensure that team handoff/signout is conducted appropriately and is accurate.
    - 1. If the team faculty member is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.
  - iv. Faculty (or credentialed designee) must be physically present to directly supervise any procedure performed by housestaff or students in which there is no credentialed trainee on the team.
    - 1. If the team faculty member is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.
- b. 4PM-7AM
  - i. The team attending will be available by phone and will be contacted for any new patients or any significant changes to current patients. If an issue requires the attending to be present in the hospital, the attending is responsible for ensuring that either he/she or an appointee comes in to the hospital.
    - 1. If the team faculty member is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.

### **3) ICU/ACS Services**

- a. 7AM-4PM
  - i. The ICU/ACS attending will conduct on-site patient-care rounds with the ICU/ACS team every morning seven days a week.
    - 1. If the ICU/ACS attending is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.

- ii. The ICU/ACS attending will be available (within a 20-mile radius to the hospital) to the team's housestaff and students until at least 4PM Monday-Friday and until at least 12PM on Saturday and Sunday.
    - 1. If the ICU/ACS attending is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.
  - iii. The ICU/ACS attending will conduct on-site afternoon/PM rounds seven days a week.
  - iv. The ICU/ACS attending must ensure that team handoff/signout is conducted appropriately and is accurate.
    - 1. If the ICU/ACS attending is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.
  - v. The ICU/ACS attending (or credentialed designee) must be physically present to directly supervise any procedure performed by housestaff or students in which there is no credentialed trainee on the team.
    - 1. If the ICU/ACS attending is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.
- b. 4PM-7AM
- i. The ICU/ACS attending will be available by phone and will be contacted for any new patients or any significant changes to current patients. The ICU/ACS attending (or credentialed designee) will come into the hospital if necessary to provide direct supervision.
    - 1. If the ICU/ACS attending is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.

#### **4) Consult Services**

- c. 7AM-4PM
- i. The consult attending will conduct on-site patient-care rounds with the team every day of the week.
    - 1. If the consult attending is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.
  - ii. The consult attending will be available (within a 20-mile radius to the hospital) to the consult team's housestaff and students until at least 4PM Monday-Friday and until at least 12PM on Saturday and Sunday to the on-call consult service.
    - 1. If the consult attending is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.

- iii. The consult attending (or credentialed designee) must be physically present to directly supervise any procedure performed by housestaff or students in which there is no credentialed trainee on the team.
  - 1. If the consult attending is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.
- d. 4PM-7AM
  - i. The consult attending will be available by phone and will be contacted for any new patients or any significant changes to current patients. The consult attending will come into the hospital if necessary to provide direct supervision.
    - 1. If a team faculty member is not able to fulfill the above requirement, he/she must ensure that there is another faculty member that can.

### **5) Outpatient and Continuity Clinics**

- e. The trainee:faculty ratio may never exceed 4:1.
- f. Every patient seen by housestaff or students will be supervised by an attending on-site.
- g. There must be an attending (or credentialed designee) physically present to directly supervise any procedure performed by housestaff or students in which there is no credentialed trainee available to do so in the clinic.

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