

Department of Medicine

Faculty Responsibilities

Supervision Policy

The residency program is required to be in compliance with the rules and regulations set forth by the Accreditation Council for Graduate Medical Education (ACGME). The program and institution is reviewed on a regular basis by the ACGME-appointed Residency Review Committee (RRC) and by the ACGME-appointed Clinical Learning Environment Review (CLER) group, respectively.

You are responsible for reviewing the ACGME/RRC document titled “ACGME Program Requirements for Resident Education in Internal Medicine”. This document is included in this syllabus (section titled “ACGME Program Requirements”) and is also located at the following web address:

https://acgme.org/Portals/0/PFAssets/ProgramRequirements/140_InternalMedicine_2020.pdf?ver=2021-05-06-152419-420

You are also responsible for reviewing the document describing CLER (Clinical Learning Environment Review) which can be found at the following web address:

<https://documentcloud.adobe.com/link/review?uri=urn%3Aaaid%3Ascds%3AUS%3A82e1830c-9759-4d81-b898-de0edf91d45c>

- **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 the supervisor (intern→resident or fellow or attending; resident→fellow or attending).

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 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 Monday-Friday as well as on either Saturday or Sunday morning (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.
- 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 will try to participate in team signout daily, but must supervise at least one signout per week.
 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 must be physically present to directly supervise any procedure performed by housestaff or students in which there is no credentialed trainee available to supervise.

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.
 - a. The Nocturnist may be asked to provide first-call coverage for uncovered General Medicine Services depending on housestaff coverage load.

2) Inpatient Floor Teams (Hematology/Oncology)

- a. 7AM-4PM
- i. Each team attending will conduct on-site patient-care rounds with the team every morning Monday-Friday as well as on either Saturday or Sunday morning (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.
 - 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 will try to participate in team signout daily, but must supervise at least one signout per week.
 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 must be physically present to directly supervise any procedure performed by housestaff or students in which there is no credentialed trainee available to supervise.
 - 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-7AM

- 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 the attending has the option of asking the Nocturnist to provide that service.
 - 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 will try to participate in team signout daily, but must supervise at least one signout per 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.
- v. The ICU/ACS attending must be physically present to directly supervise any procedure

performed by housestaff or students in which there is no credentialed trainee available to supervise.

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

- v. The consult attending will conduct on-site patient-care rounds with the team seven days a 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.
- vi. 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.
 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.
- vii. The consult attending must be physically present to directly supervise any procedure performed by housestaff or students in which there is no credentialed trainee available to supervise.
 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 (or a credentialed designee) 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, 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.