

**SAN ANTONIO UNIFORMED SERVICES HEALTH EDUCATION CONSORTIUM**  
**Endocrinology Fellowship Program**  
**Supervision Policy**  
**1 July 2012**

**Background:**

This Supervision Policy is developed in accordance with Accreditation Council for Graduate Medical Education (ACGME) and Internal Medicine Residency Review Committee (IM-RRC) requirements and the attached SAUSHEC Trainee Supervision Policy. Our policy provides further definition of requirements that are defined by these higher lever organizations.

Key themes guiding the development of our policy include a commitment to quality health care to our patients and to appropriate development of our fellows into independent endocrinologists. Careful supervision and observation are required to determine the fellow's ability to gather and interpret clinical information, perform technical procedures, interpret procedures and safely manage patients. Each patient must have a responsible supervising staff provider whose name is recorded in the patient record, who is available to the fellows, and who is involved with and takes responsibility for the patient's care. Patients should be aware of the fellow's training status. Supervision of fellows should be organized to provide gradually increased responsibility and maturation into the role of a judgmentally sound, technically skilled, and independently functioning privileged endocrinologist.

It is important to note that fellows in the endocrinology fellowship program have completed internal medicine residency and are thus qualified to independently evaluate and manage patients from an internal medicine perspective. The purpose of this fellowship is to give more specialized expertise in endocrinology. Accordingly, a staff preceptor is always designated and free from all personal clinical responsibilities in order to be available to supervise fellows.

Detailed job descriptions, goals and objectives for first and second year fellows (PGY-4 and PGY-5) are provided in the endocrinology fellowship folder on the network drive, EndoArchive.

**Levels of Supervision:**

Endocrinology is predominantly an outpatient specialty with an inpatient consultation service. For outpatient clinic encounters, the IM-RRC specifies "that supervision must be on-site (i.e., not by telephone) and concurrent (i.e., in outpatient settings, the fellow must present the case to the physician faculty prior to the patient leaving clinic). Remote control supervision (e.g., attending available by phone) is not acceptable in outpatient settings. The attending must have the opportunity to interview/ examine all patients at the time he/she reviews the case and provide supervision." This requirement dictates that the minimum level of supervision of fellows in the outpatient setting is **indirect supervision with direct supervision immediately available**, as defined in the SAUSHEC Trainee Supervision Policy. In order to achieve graduating levels of independence under this ceiling, the following levels of supervision are defined for our program:

1. **Direct supervision**, as defined in the SAUSHEC Trainee Supervision Policy, by a qualified staff preceptor is required for thyroid fine-needle aspiration (FNA) biopsy procedures until the fellow is determined to be proficient, usually after 10 procedures. The program director will notify the endocrinology service when this milestone is reached.

2. For the first year fellow (PGY-4), the minimum supervision requirement is **indirect supervision with direct supervision immediately available**, as defined in the SAUSHEC Trainee Supervision Policy. The designated preceptor's personal clinic is blocked to enable the appropriate level of supervision. It is the preceptor's decision whether to actually personally interact with the fellow's patients, or directly supervise the fellow. The first year fellow is expected to develop a basic plan for the patient. Preceptor review of the case will focus on ensuring relevant historical, examination, laboratory, and radiologic features are reviewed in the discussion. It is anticipated that the preceptor will assist the fellow in developing an appropriate management plan for the patient. When medical students and residents rotate on the endocrinology service and assist in the evaluation of the fellow's patients, it is expected that the fellow present the case to the staff.
  
3. For the second year fellow (PGY-5), the minimum requirement is also **indirect supervision with direct supervision immediately available**, as defined in the SAUSHEC Trainee Supervision Policy. The designated preceptor's personal clinic is blocked to enable the appropriate level of supervision. It is the preceptor's decision whether to actually personally interact with the fellow's patients, or directly supervise the fellow. The second year fellow is expected to develop a plan for the patient that rarely requires correction. Staff review of the case should focus on subtler management points. When medical students and residents rotate on the endocrinology service and assist in the evaluation of the fellow's patients, it is expected that the case be presented by the rotating student or resident to the senior fellow in the presence of the staff. The staff will then supervise the senior fellow in a precepting role, while simultaneously supervising patient care.

For inpatient consults, the supervision requirement is **indirect supervision with direct supervision available**, as defined in the SAUSHEC Trainee Supervision Policy. Fellows must communicate their status as trainees to the primary team and to patients, and they must identify the name of the staff endocrinologist who is supervising the fellow. First year fellows are expected to communicate with the staff endocrinologist about the recommended plan prior to communicating that plan to the consulting team. Second year fellows may communicate a tentative plan to the consulting team, but must communicate with the staff endocrinologist within 8 hours after consultation, or sooner if the clinical situation dictates. The fellow would then be expected to communicate any changes to the plan to the consulting team.

The staff endocrinologist is required to review and co-sign all trainee clinical notes in the outpatient and inpatient medical records.

**Fellow Progression:**

Progression from first year fellow to second year fellow status, and from second year status to graduate-ready status, is determined by the fellowship education committee after review of the job descriptions, goals and objectives for each level. Review of program evaluations and committee discussion will then determine the fellow's readiness for progression to the next level.

**Required communications:**

Circumstances in which fellows must communicate with the staff endocrinologist include:

1. When they are notified of the death or admission to the hospital of one of their patients related to an endocrinologic condition.
2. One of their patients suffers from an adverse effect of either an endocrinologic medication or procedure.
3. The fellow is involved in an end of life level of care determination with one of their patients.
4. Related to their endocrinologic care, one of their patients files a malpractice claim, makes a formal complaint, requests a change of provider, or voices any concern about the health care delivered by the endocrinology service.
5. One of their patients exhibits disruptive behavior to include but not limited to threats of violence, abusive language, or sexual harassment of health care personnel.

**Patient hand-off communication process:**

1. SBAR (Situation, Background, Assessment, and Recommendations) is our institutional construct for all hand-off communications.
2. Inpatient consult service hand-off: The off-going inpatient consult fellow will presents all current and recent cases on the inpatient service to the oncoming team. Fellows are assessed by the oncoming inpatient consult staff endocrinologist on their ability to effectively communicate the objective data, their assessment and plan to the oncoming team.
3. Hospital admissions: Fellows admitting their patients to the hospital will be responsible for communicating the reasons for admission and initial management recommendations to the accepting inpatient ward team. The inpatient consult fellow will also be responsible for follow-up communications with the ward team to confirm clear understanding of the relevant endocrinologic issues. The inpatient consult staff endocrinologist will be responsible for assessing the effectiveness of the handoffs by review of the record and progress of patient care.

**Confirmation of fellow qualifications by hospital personnel:**

Fellows will inform hospital personnel if not approved to perform a procedure without direct supervision by a staff physician. When necessary, **hospital personnel may page the staff endocrinologist** to confirm whether a fellow is approved to perform a procedure without direct faculty supervision.

  
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Effective Date 1 July 2012



**San Antonio Uniformed Services  
Health Education Consortium  
San Antonio, Texas**

**San Antonio Uniformed Services Health Education Consortium (SAUSHEC)  
Trainee Supervision Policy**

**I. Applicability**

The SAUSHEC Command Council [Commanders of Brooke Army Medical Center (BAMC) and 59th Medical Wing (59th MDW)], SAUSHEC Board of Directors and the Graduate Medical Education Committee (GMEC) of SAUSHEC have approved this policy. It applies to all staff physicians, program directors, and trainees of SAUSHEC's member component commands (BAMC and 59th MDW) and establishes minimum requirements for supervision of trainees who provide medical care to patients at these facilities under these commands. This policy applies to all personnel assigned, attached, or on contract to BAMC and the 59th MDW. SAUSHEC Graduate Medical Education (GME) program directors will also comply with any additional supervision requirements of their respective Residency Review Committees (RRCs) or accrediting organizations. This SAUSHEC policy is written specifically to apply to trainees in graduate medical education programs.

**II. Definitions and Responsibilities.**

A. A trainee is defined in this policy as a medical intern, resident or fellow who has graduated from a medical school, and is either in the first (intern) or subsequent post graduate training program in a specialty or subspecialty. Personnel rotating through SAUSHEC Programs for training purposes and are graduates or students from other than allopathic/osteopathic schools (e.g., dental, physical therapy, other allied health schools) are not covered by this policy. When supervision is provided by program faculty and residents to trainees not defined in this policy, training program-specific supervision policies will define the trainee and the supervision necessary.

B. A student as defined in this policy is someone who is currently enrolled in a allopathic or osteopathic school.

C. A supervising staff provider (also known as the "attending") is a licensed independent practitioner (LIP) who is credentialed to supervise trainees and students. This is an individual with appropriate training and an unrestricted state license who has been privileged at the treatment facility in the field, specialty or subspecialty of medicine that allow that individual to practice without supervision. LIPs may supervise trainees and students in the areas of medical care in which they are privileged, if they are approved to do so by the appropriate program director. Supervising staff providers (LIPs) are ultimately responsible for all aspects of their patient's care within each SAUSHEC training facility.

D. "Supervision" constitutes any method of oversight of patient care for the purpose of ensuring quality of care and enhancing learning. Supervision may occur through a variety of

methods. Some activities will require the physical presence of a staff provider, yet many aspects of patient care may be supervised by a more advanced resident or fellow. Programs must use the following classification of supervision:

1. Direct Supervision – the supervising physician is physically present with the resident and patient.

2. Indirect Supervision –

(a.) with direct supervision *immediately available* – the supervising physician is physically within the treatment facility and is immediately available to provide Direct Supervision. Program specific policies following their RRC definitions may have minor variations (e.g., noting minimum response times in emergencies rather than physical location of the supervisor).

(b.) with direct supervision *available* – the supervising physician is not physically present within the treatment facility, but is immediately available by means of telephone and/or electronic modalities, and is available to provide Direct Supervision.

3. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

E. San Antonio Uniformed Services Health Education Consortium (SAUSHEC) is the GME sponsoring institution for BAMC and 59th MDW. The Command Council of SAUSHEC is the Institutional Governing Body (IGB) for military GME in San Antonio. Voting Members of the Command Council are the Commanders of and BAMC. The Command Council is ultimately responsible for GME program needs and obligations in planning, decision-making, providing necessary resources to programs, and ensuring appropriate resident supervision.

F. Designated Institutional Official (DIO) is the GME individual recognized by the Accreditation Council for Graduate Medical Education (ACGME) and SAUSHEC as having the authority and the responsibility for oversight and administration of SAUSHEC GME programs. This person is the Dean of SAUSHEC.

G. The SAUSHEC Graduate Medical Education Committee (GMEC) is composed of the DIO (who is the Chair), Associate Deans, Program and Associate Program Directors, peer selected resident representatives, and faculty appointed by the Dean. The GMEC approves all institutional GME policies and actions. The GMEC is managed by the SAUSHEC Board of Directors with SAUSHEC Command Council oversight.

H. Program directors are the institutional officials designated by SAUSHEC and recognized by ACGME as having responsibility for all training activities within their training program. Program directors are responsible for the quality of educational experiences provided to trainees and for ensuring appropriate resident supervision.

### **III. General Principles of Supervision.**

A. SAUSHEC and its member institutions are committed to ensuring patient safety, quality health care, and resident well-being. In keeping with the institutional and common requirements of the ACGME, SAUSHEC's GMEC promulgates this updated policy and procedures regarding resident supervision. Careful supervision and observation are required to

determine the trainee's ability to gather and interpret clinical information, perform technical procedures, interpret procedures and safely manage patients. Although not privileged for independent practice, trainees must be given progressively graduated levels of patient care responsibility while concurrently being supervised to ensure quality patient care. Each patient must have a responsible supervising staff provider whose name is recorded in the patient record, who is available to the residents, and who is involved with and takes responsibility for the patient care being provided by the trainees he/she is supervising. This information should also be available to patients. Residents and faculty members of a health care team will inform patients of their respective roles in each patient's care.

B. Supervision of trainees should be organized to provide gradually increased responsibility and maturation into the role of a judgmentally sound, technically skilled, and independently functioning privileged provider. Each SAUSHEC program director will define policies that specify how trainees in that program progressively become conditionally independent in specific patient care activities in his/her program while still being appropriately supervised by staff provider. Each resident must know the limit of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence.

C. Ultimately, the supervising staff is responsible for the care of the patient and for the conduct and performance of all trainees under his/her supervision, unless a trainee willfully disregards SAUSHEC, hospital or program policy or the directions of a staff supervisor; conceals his/her intentions or actions from a staff or supervisor; performs medical care outside the scope of normally delegated responsibility without the knowledge and approval of the supervisor; or fails to appropriately perform duties that would generally be expected at his/her level of training without staff knowledge of the specific activities.

D. Each program should assign faculty supervisors for a sufficient duration to enable them to adequately assess the knowledge and skills of each resident and thereby delegate the appropriate level of patient care authority and responsibility. RRC-specific guidelines will be followed.

E. SAUSHEC Associate Deans at both sponsoring institutions' Executive Medical Staff Committee meetings will be informed about reports submitted by patient care and patient safety committees. The Dean or Associate Deans will ensure that communication about resident supervision and patient safety issues occurs between SAUSHEC and the Organized Medical Staff and hospital governing bodies.

#### **IV. Residency Program Supervision Policies**

A. Each SAUSHEC Training program will develop program supervision policies that will be in compliance with this SAUSHEC policy, the bylaws of the Medical Staff of each treatment facility and with ACGME, RRC, AAAHC and The Joint Commission policies on resident supervision. Furthermore, each treatment facility's medical staff governing body routinely updates attending staff responsibilities as they pertain to the supervision of residents. Each Program Director must develop processes to ensure all staff involved in the supervision of residents in the program are informed of the program supervision policies and residents are informed of the treatment facility policies where they rotate. If program specific supervision and

treatment facility supervision policies differ in any area regarding the level of supervision, the higher degree of supervision outlined will be followed.

B. Program supervision policies will address resident responsibilities for patient care, progressive responsibilities for patient management, and supervision of residents over the continuum of the program. These policies will address the following:

1. "Levels of Supervision" as defined by the ACGME.

a. Supervision of PGY-1 residents must involve Direct Supervision or Indirect Supervision with Direct Supervision immediately available.

b. ACGME Review Committee-specific requirements describing achieved competencies under which PGY-1 residents can progress to Indirect Supervision with Direct Supervision immediately available.

2. Competencies residents must demonstrate prior to serving in a supervisory role.

3. Specific criteria by which progressive authority and responsibility in providing patient care, including conditional independence, is delegated to a resident. National standards-based criteria will be used when available to the program.

4. Specific circumstances or events in which the resident must communicate with the supervising staff provider (i.e., end-of-life decisions, transfer to intensive care unit).

5. Items summarized below to ensure compliance with applicable The Joint Commission and Accreditation Association for Ambulatory Health Care standards:

a. At all times, patient care will be the responsibility of a LIP with appropriate clinical privileges in the health care system.

b. Descriptions of the roles, responsibilities, and patient care activities of residents, by level, are available to medical faculty and health care staff.

c. The descriptions identify mechanisms by which program faculty and program director make decisions about an individual resident's progressive involvement and conditional independence. Those parameters may include but may not be limited to: a given number of successfully performed, observed procedures; a total number of procedures or processes performed; the general impression of the competence and professionalism perceived by the faculty, etc. (See Section VII for more information)

d. Delineation of order-writing privileges, including which orders if any must be countersigned. (See Section V)

6. Requirements for the different patient care settings in which their trainees rotate (e.g., inpatient, outpatient, operating room, emergency room, or interpretive settings).

B. The program director will ensure that all supervision policies are reviewed annually, and distributed to and followed by trainees and their supervising staff. Compliance with resident supervision policies will be monitored by program directors who will report any issues to the GMEC, at least annually in their Metric Reports and during scheduled internal reviews. Programs will notify the DIO or ADGME of any “near miss” or adverse patient outcome where supervision procedures were deemed as contributory. In addition, Program Directors will provide a plan of action to the GMEC to prevent reoccurrences. Any problematic issues will be reported to the governing bodies of BAMC and 59th MDW by the Dean. Supervision policies are available on the SAUSHEC website at: <http://www.bamc.amedd.army.mil/saushec/index.asp>

## **V. Documentation of Staff Supervision**

A. Documentation in writing, by staff and trainees, must be in accordance with hospital policies.

B. Staff supervision of patient care must be documented in the record as specified in the treatment facility and/or program supervision policies.

C. For emergent or urgent situations that require action direct, where supervision of the attending may not be possible, please reference Section VIII.

D. If treatment facility policy allows medical students to document in the medical record, the documentation must be reviewed and co-signed by the attending if not previously signed by a resident.

## **VI. Supervision of Trainees Performing Conscious Sedation and Invasive Procedures.**

A. Conscious sedation will only be performed under the *direct* supervision of a resident, fellow, or staff physician who is qualified to perform conscious sedation. The Conscious Sedation Policy for each institution must be followed.

B. A trainee will be considered qualified to perform an invasive procedure without direct supervision if, in the judgment of the supervising staff (and according to his/her specific training program guidelines), the trainee is competent to safely and effectively perform the procedure. Residents at certain year levels in a training program may be designated as competent to perform certain procedures under indirect supervision with or without direct supervision immediately available based upon specific criteria defined by the program. Trainees may perform procedures that they are deemed competent to perform for standard indications under oversight, provided that the staff is notified in a timely fashion. The patient’s attending of record will be ultimately responsible for all procedures performed on patients. See section VIII for performance of procedures in emergencies.

C. All procedures will have the attending of record documented in the procedure note and the identified staff will ultimately be responsible for the procedure.

D. Students will not perform procedures without direct supervision of an LIP or a resident qualified to perform the procedure without direct supervision.

## **VII. Staff Confirmation of Trainee Procedural Competencies.**

A. When requested by hospital nurses or other personnel with need to know, attending staff physicians must verify whether residents can perform procedures without direct supervision. Attending staff can comply with this Medical Staff requirement because:

1. Residents will demonstrate professionalism by informing their attending physician and other hospital personnel when they are not approved to perform a procedure without direct supervision or not approved to supervise another resident perform a procedure.

2. The program director will inform attending physicians in the specialty how to access the resident-specific information to identify procedures each resident is approved to perform without direct supervision and/or supervise other residents' procedures.

B. When necessary, hospital nurses and other personnel will telephone/page the attending staff physician (who is available 24/7) to confirm whether a resident is approved to perform a procedure without direct supervision.

## **VIII. Supervision in Emergency Situations.**

A. An "emergency" is defined as a situation where immediate intervention is necessary to preserve the life of, or to prevent serious impairment to the health of, a patient.

B. In such situations, a resident is expected to do what he/she is capable of to save the life of a patient or to save a patient from serious harm. Residents may perform emergency procedures without prior staff approval when life or limb would be threatened by delay. In this case the most experienced trainee available will perform or directly supervise the procedures. Residents will make reasonable efforts to obtain assistance from more senior residents and/or appropriate staff available in the hospital and will contact the appropriate attending as soon as possible.

C. The resident will document emergency patient care rendered, (including who was contacted) in the patient's record.

## **IX. Trainee Grievances Regarding Supervision.**

A. Program directors are responsible for ensuring that trainees are aware that their concerns regarding adequate technical or professional supervision or professional behavior by their supervisors will be addressed in a safe and non-threatening environment per SAUSHEC and ACGME guidelines.

B. All SAUSHEC GME programs must follow SAUSHEC resident grievance policies. Trainee grievance mechanisms will be established for each Department/Training Program, and will be clearly stated and made available to all trainees during orientation to that Department/Program. These grievance mechanisms must ensure that fair and just relationships between residents and teachers are perpetuated.