

FELLOW SUPERVISION POLICY:

Supervisory Lines of Responsibility:

Inpatient Service:

For each NICU teaching site (WHMC, UTHSCSA, SRCH), there is always a staff neonatologist assigned to the clinical service who provides direct supervision to the fellow. For evening and weekend call, there is always a staff neonatologist on call in addition to the fellow. For WHMC and UTHSCSA, staff may take call from home depending on the service acuity and fellow experience. For SRCH, the staff always remains in-house.

PY1 fellows will be observed and closely supervised by the on-service attending to determine ability to gather and interpret clinical information, perform procedures and manage patients. Specific details are outlined in the “Goals and Objectives” section. As fellows advance from PY1 to PY3, they are allotted progressively more independence in clinical management decisions based on demonstrated competence in procedural skills and advancing medical knowledge appropriate for their level of training. Regardless of fellow autonomy, the on-service or on-call staff is responsible for all management decisions and performance of all trainees under their supervision. Therefore fellows must alert staff as quickly as possible for all Level III admissions and all significant clinical changes in patients already in the NICU. Fellows are responsible for alerting staff within 8-12 hours for all non-urgent Level II admissions.

The PICU rotation during PY3 is call free. While on service to include participation in performing echocardiography, cardiac catheterization and post-operative patient care responsibilities, fellows are supervised by the pediatric intensive care staff, pediatric cardiologists and cardiothoracic surgeons.

Procedural Skills:

During fellowship acquisition of procedural skills (listed in section VIII) will be taught and directly supervised by staff neonatologists. Progress towards attainment of competency will be documented on the “end of rotation” evaluation. As the fellow is deemed competent to perform specific procedures they will be allowed to do so with increasing degrees of autonomy and are expected to attain independence by the PY3 level.

Specific procedural competence for WHMC is documented for each fellow through the neonatal database (NeObase). Procedural skills are additionally evaluated for each fellow during their clinical NICU rotations, while on call, and during their participation in required animal labs.

Outpatient Clinics:

The fellows participate in two separate outpatient clinics at WHMC, SBC and MDC. An on-site staff neonatologist supervises the fellow during SBC. Each patient is initially seen by the fellow, after which findings and care plans are discussed with staff. For MDC, a Pediatric Developmentalist specializing in high-risk neonatal follow-up supervises the fellows. Patients are initially seen by the fellow as well as other members of the MDC team. This is followed by each evaluator presenting their findings to the group and the development of an overall care plan for each patient.

For general guidance regarding SAUSHEC trainee supervision and attending responsibilities, see the SAUSHEC website, linked above.