

**Supervision Policy**  
**Pediatric Endocrinology Fellowship Program**  
**National Institutes of Health (NIH)**  
**National Institute of Child Health & Human Development (NICHD)**

**Definition of Supervision:**

Direct supervision: the supervising physician is physically present with the trainee and patient.

Indirect supervision with direct supervision immediately available: the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.

Indirect supervision with direct supervision available: the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.

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

**Guidelines for supervision:**

Initially, first year fellows must be supervised either directly or indirectly with direct supervision immediately available.

Each trainee must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Trainees will treat patients only under the supervision of an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner, as specified by the applicable Review Committee) who is responsible and accountable for the patient's care and for determining and implementing the appropriate level of supervision of the trainee.

Patients must be notified of the name of the attending staff physician responsible for their care and that trainees participating in their care are supervised by such staff physician(s). Also, when providing direct patient care, trainees and faculty must inform each patient of their respective roles in that patient's care.

The supervising physician's involvement in a patient's care, and the involvement of trainees and other members of the health care team, must be documented in the medical record.

In providing clinical supervision to trainees, the attending staff physician shall liberally provide advice and support and shall encourage trainees to freely seek their input.

The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and to demonstrate a strong interest in the education of trainees.

Faculty should delegate an appropriate level of patient care authority and responsibility to each trainee, based on the trainees' skills and the needs of the patient. Faculty supervision assignments must be of sufficient duration to allow assessment of the knowledge and skills of each trainee.

Trainees are expected to make liberal use of the supervisory resources available to them and are encouraged to seek advice and input from the attending staff physician(s) and more senior trainees, as appropriate.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care by a trainee must be assigned by the Program director and faculty members, guided by an assessment of each trainee's abilities based on specific criteria.

With faculty oversight, senior trainees or fellows should have opportunities to serve in a direct supervisory role of junior trainees in recognition of their progress toward independence, taking into account the needs of each patient and the skills of the individual trainee or fellow.

**Program guidelines for circumstances and events in which trainees must communicate with the supervising faculty member(s):**

- a. Any circumstance in which the trainee (irrespective of year of pediatric endocrine training) is uncertain about treatment decisions regardless of the time (day or night)
- b. Any circumstance in which the condition of the patient changes to a significant degree or in an unexpected direction
- c. Any circumstance when a medication error occurs.
- d. Transfer of a patient to a higher level of care
- e. Patient discharged "against medical advice" or not formally discharged as planned.
- f. Any circumstance in which a rapid response or Code Blue is called.
- g. Sentinel events:
  - Death
  - Permanent harm
  - Severe temporary harm

# Clinical Emergency Response

	CRITICAL CARE CONSULT	RAPID RESPONSE	CODE BLUE
	<b>301-451-0567</b>	<b>301-451-0567</b> Back-up Number: 301-256-5774	<b>111</b>
WHO MAKES THE CALL	A Licensed Independent Provider (LIP) formally requests a consultation from the ICU physician.	<ul style="list-style-type: none"> <li>Nursing staff, LIPs, Respiratory Therapists</li> <li>Patient, family, visitors</li> <li>Anyone involved in the care of a patient</li> </ul>	Anyone on the scene of a medical emergency.
ESTIMATED RESPONSE TIME	Up to 1 Hour	Up to 20 Minutes	Up to 5 minutes
WHO WILL RESPOND	ICU Physician	<ul style="list-style-type: none"> <li>ICU Physician</li> <li>ICU Charge Nurse</li> <li>Respiratory Therapist (if appropriate)</li> </ul>	<ul style="list-style-type: none"> <li>2 Physicians</li> <li>2 ICU Nurses</li> <li>2 Respiratory Therapists</li> <li>NIH Police &amp; Fire Dept</li> <li>Messenger Escort Service</li> </ul>
EQUIPMENT BROUGHT TO THE SCENE	None	None	ICU ACLS Cart
KEY FEATURES	Physician to physician consultation about a patient's clinical condition and <i>possible</i> transfer to the ICU	<ul style="list-style-type: none"> <li>Formal request by anyone (including patient/family member) involved in the patient's care for prompt ICU assistance when a patient's condition is deteriorating.</li> <li><b>Rapid Response Team</b> coordinates with the primary care team and nurses to address the patient's acute needs and facilitate transfer to the ICU, if needed.</li> </ul>	<ul style="list-style-type: none"> <li>Actual or potential life-threatening medical emergency involving patients, visitors, or staff.</li> <li>First aid or basic life support (CPR and AED) is provided by those on the scene</li> <li><b>Code Blue Team</b> provides immediate evaluation, intervention, and triage to an appropriate level of care.</li> </ul>
INFORMATION PROVIDED BY THE CALLER	<p><b>Clearly state:</b> <b>Critical Care Consult Request</b></p> <ul style="list-style-type: none"> <li>Hatfield or Magnuson Building</li> <li>Unit and Room Number</li> <li>Patient's name and age</li> <li>Call-back number</li> <li>Description of patient's clinical condition</li> </ul>	<p><b>Clearly state:</b> <b>Rapid Response Request</b></p> <p>Stay on phone to answer all questions:</p> <ul style="list-style-type: none"> <li>Hatfield or Magnuson Building</li> <li>Unit and Room Number</li> <li>Patient's name and age</li> <li>Call-back number</li> <li>Your name</li> <li>Description of patient's acute change in condition</li> </ul>	<p><b>Clearly state:</b> <b>CODE BLUE</b></p> <p>Stay on phone to answer all questions:</p> <ul style="list-style-type: none"> <li>Hatfield or Magnuson Building</li> <li>Specific Location, Unit and Room Number</li> <li>Patient's age range (Child or Adult)</li> <li>Call-back number</li> <li>Your name</li> </ul>

For additional copies or for questions call 301-496-9320

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