

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Endocrinology	<i>Issued:</i> 4-12-23	<i>REV. A</i>	<i>REV. B</i>	<i>REV. C</i>		
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PURPOSE

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

SCOPE

This policy applies to all Creighton University Endocrinology fellows.

POLICY

Supervisory Lines of Responsibility

Fellows, under the supervision of appropriately privileged attending physicians, provide care commensurate with their level of training and competence. Patient care responsibilities are assigned with the primary goal of education and not for service alone.

The procedural requirements for the supervision of residents and fellows in the specialty of Endocrinology, Diabetes, and Metabolism are applicable to all patient services within that specialty. They complement any existing policy for graduate medical education at Creighton University. They delineate the level of responsibility granted by the program at each level of postgraduate education and the process by which the program director determines that such level of responsibility is adequate. The direct and ultimate responsibility for supervision of patient care rendered by residents and fellows shall be by the patient's attending physician in each rotation.

The Endocrinology fellow is the senior house officer for the Endocrinology Consultation Service. The fellow always works under the supervision of the attending faculty physician. On clinical services the medical residents assigned shall be responsible for the general conduct of the service with the fellow overseeing the care of patients and supervising all dynamic endocrine testing procedures. When possible, the fellow will assess all new consultations and admissions with the medicine resident and student before presentation to the attending physician. The on-call fellow is responsible for the general conduct of the Endocrinology services. The fellow will be notified of all new admissions and any significant changes in the status of the patients on the services. In those instances where the patient is clinically stable and the fellow's assessment is that the house staff has evaluated and addressed the situation appropriately, the fellow may elect to manage the situation by phone and notify the attending physician in the morning. Patients who are critically ill and being evaluated for endocrine emergencies as defined by the characteristics below require physical presence of the fellow and staffing by the attending on-call physician:

1. Adrenal insufficiency
2. Myxedema coma
3. Hyperglycemia in the critically ill patient
4. Thyroid Storm
5. Severe metabolic or electrolyte disorder in critically ill
6. New onset Diabetes Insipidus

Medical students are supervised by the attending, fellows, and residents.

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Attending



Fellow



Resident



Medical Student

Graduated Level of Responsibility

The residents are always supervised by an M.D., who is a full-time member of the Endocrinology, Diabetes, and Metabolism division, and a faculty member at Creighton University. This attending physician shall be available at all times to the endocrine fellow. It is the responsibility of the fellow to communicate effectively and in a timely fashion with the attending physician as well as other members of the Endocrine faculty.

GUIDELINES FOR CONTACTING ATTENDING*

- All primary service (Endo patients) admissions
- All endocrine service consultations
- Calls regarding hospital transfers** (see below)
- Critically ill or unstable patients

*NOTE: These guidelines shall be modified as fellow's clinical experience increases and according to the preference of the individual attending.

** Procedures that include ACTH stimulation test, Insulin tolerance test (ITT) and Glucagon Stimulation test (GST) are usually done with the assistance of the laboratory for blood draws, etc. ACTH stimulation can be done by the Fellow with indirect supervision. For ITT and GST, there will be direct supervision for the initial administration of the testing agent, then indirect supervision for the follow-up patient monitoring and laboratory samples.

***Calls regarding hospital transfers:

1. The fellow on call will speak with the transferring facility to collect the clinical information.
2. The fellow will then contact the attending on-call, who will notify the transfer center of the pending transfer. If the attending does not accept the transfer, the attending will notify the transfer center to contact the appropriate service for that patient.
3. The fellow will communicate with the transferring physician and hospital (including the ER or ICU if needed) with the supervision of the on-call attending.

Postgraduate Level 4 (First Year Fellow)

Inpatient Service/Continuity Clinic

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1. Fellows shall evaluate all consults and new endocrine patients before the patient is examined by the attending. After discussion with the attending the fellows shall dictate the history, physical and consult.
2. Fellows shall obtain and interpret the results of patients' diagnostic laboratory procedures, recognizing the pitfalls and limitations of the tests.
3. Fellows shall effectively communicate the diagnosis and the treatment plan (and any changes in the plan) with the faculty, patient, patient's family and other physicians involved in the care of the patient.
4. Fellows shall participate in the education of the patient and the family about the disease.
5. Fellows shall write organized consultations and communicate with Endocrinology faculty and staff and with the Primary Care Physician in consult cases.
6. Fellows shall supervise junior residents covering inpatient consultation service in any activity in which they shall act independently.
7. Fellows will evaluate and write notes on all admissions and each new patient/consult before rounds each day.
8. Fellows will round on patients prior to leaving hospital at the end of the day to evaluate progress. They will follow up on the phone in the evening to assure all the patients are stable and insulin and other orders are being carried out appropriately.
9. Dictate all admission and discharge summaries.
10. Sign out to attending and other fellows when appropriate before going off call.
11. If labs are pending at the time of discharge, the fellow will arrange for follow up of their labs by either the primary team or our clinic.
12. The Endocrinology faculty shall assess the performance of each fellow monthly and report it to the program director.

Postgraduate Level 5 (Second Year Fellow)

Inpatient Service/Continuity Clinic

1. Fellows shall provide continuity of patient care with the cooperation of the attending and primary care physician.
2. Fellows shall encourage and incorporate critical feedback from attending physician and others involved in patient care.
3. Fellows shall organize and present lectures to medical students, residents, and endocrinology faculty. These presentations should involve problem based learning as well as the classical 45-minute lecture presentation.
4. Fellows shall present clinic data at local and national meetings of endocrinologists.
5. Fellows shall supervise junior residents in any activity in which they shall act independently.
6. Fellow will assist with the on-call schedule for monthly rotations and communicate specific instructions to residents and students as appropriate.
7. Fellow will cover outpatient issues for the faculty member that is out of town. They will check laboratory results as needed, to make sure that time sensitive decisions are made. They will report to on-call attending as needed.
8. Fellow will engage in teaching and evaluation of medical students.
9. The Endocrinology faculty shall assess the performance of each fellow monthly and report it to the program director.

FACULTY RESPONSIBILITIES

1. To TEACH first and foremost.

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2. To train fellows to become the best in the country.
3. To evaluate fellow performance and review evaluations with the fellow in a timely fashion.
4. To forward the results of such evaluations to the program director in a timely fashion.
5. To provide direct feedback to the fellow. It is not the program director's responsibility to triangulate conversations between the fellow and the faculty.
6. Effectively and clearly communicate with the fellow and the program director regarding issues pertaining to the training program and/or a fellow.
7. Provide mentorship with projects such as posters and oral presentations presented at national meeting. Provide mentorship with case conferences presented when subject of conference was seen with a specific faculty.
8. Provide mentorship with ideas about the initial research project for each fellow.
9. Training the fellows in coding and billing.
10. All ambulatory patients will have a designated attending of record, who has been granted clinical privileges through the medical staff process. The attending of record has ultimate responsibility for the care of that patient and the supervision of the trainees caring for that patient.

11. All admitted patients will be examined by the attending of record within 24 hours of admission. The attending of record will discuss the assessment and care plan of the patient, which will then be carried out.
12. Supervision of residents by attending should be adequate to provide quality patient care and requires the daily examination and evaluation of the patient. Frequency of communication between residents and the attending of record must be sufficient to assure appropriate patient care.

REFERENCES

ACGME

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.