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SUPERVISION POLICY
NCC Pediatrics Residency Program

A. SUBJECT: Resident Supervision Policy

B. EFFECTIVE DATE: 1 July 2011

C. POLICY:

The NCC Pediatrics Residency Program recognizes and supports the importance of graded and progressive responsibility in graduate medical education. This policy outlines the requirements to be followed when supervising residents. The goal is to promote assurance of safe patient care, and the resident's maximum development of the skills, knowledge, and attitudes needed to enter the unsupervised practice of medicine.

D. DEFINITIONS:

Supervising Provider: A faculty physician, a licensed independent practitioner, or a more senior resident/fellow.

Supervision:

Four levels of supervision are recognized. They are:

- Direct: The supervising physician or practitioner is physically present with the resident and the patient.
- Indirect: There are two types of indirect supervision:

➤ Indirect Supervision with Direct Supervision Immediately Available:

The supervising physician is present in the hospital (or other site of patient care) and is immediately available to provide Direct Supervision. The supervisor may not be engaged in any activities (such as a patient care procedure) which would delay his/her response to a resident requiring direct supervision.

(NOTE: A qualified supervisor must be in house 24/7 whenever an on-duty resident potentially requires Direct Supervision or Indirect Supervision with Direct Supervision Immediately Available.)

- Indirect Supervision with Direct Supervision Available: The supervising physician is not required to be present in the hospital or site of patient

care, or may be in-house but engaged in other patient care activities, but is immediately available through telephone or other electronic modalities, and can be summoned to provide Direct Supervision

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

E: PROCEDURE:

The principles which apply to supervision of residents include:

- The NCC Pediatrics Residency Program establishes schedules which assign qualified faculty physicians, independent practitioners, residents, or fellows to supervise at all times and in all settings in which residents of the NCC Pediatrics Residency Program provide any type of patient care. The type of supervision to be provided is delineated in the curriculum's rotation description.
- The minimum amount/type of supervision required in each situation is determined by the definition of the type of supervision specified, but is tailored specifically to the demonstrated skills, knowledge, and ability of the individual resident. In all cases, the faculty member functioning as a supervising physician should delegate portions of the patient's care to the resident, based on the needs of the patient and the skills of the resident.
- Senior residents and fellows serve in a supervisory role of junior residents in recognition of their progress toward independence.
- All residents, regardless of year of training, must communicate with the appropriate supervising faculty member, according to these guidelines as soon as urgent patient care and stabilization demands permit:
 - All admissions to the Pediatric Inpatient Ward
 - All admissions to the Pediatric Intensive Care Unit
 - All admissions to the Neonatal Intensive Care Unit
 - All transfers involving a change in the supervising faculty member
 - All decrements in a patient's condition
 - All pediatric emergency department consults
- All PGY-1 residents are supervised either directly or indirectly with direct supervision immediately available throughout training
- In every level of supervision, the supervising faculty member must review progress notes, sign procedural and operative notes and discharge summaries.
- Faculty members must be continuously present to provide supervision in ambulatory settings, and be actively involved in the provision of care, as assigned. All outpatient encounters and night-time triage telephone encounters evaluated by residents should be discussed with the supervising faculty member and documentation submitted for faculty co-signature.

F. SPECIFIC ROTATION SUPERVISION

- **Neonatal Intensive Care Unit (NICU)**

- Interns assigned to the Neonatal Intensive Care Unit are supervised by the senior residents (PL-2s and PL-3s) assigned to that area. Neonatologists and neonatology fellows supervise the senior resident and his/her attached intern.
- **Mother-Infant Care Center (MICC)**
 - The intern assigned to the MICC is supervised by the PGY-3 resident assigned to that area or the pediatric faculty member if no PGY-3 resident is assigned. Pediatric faculty in the Department of Pediatrics supervises the third year resident and his/her attached intern.
- **Pediatric Inpatient Ward (3 West)**
 - The interns assigned to the Inpatient Pediatrics Ward are supervised by the PGY-2 resident assigned to the ward as well as the PGY-3 ward chief resident. The pediatric faculty in the Department of Pediatrics supervises the PGY-3 resident and his/her attached PGY-2 resident and interns. Night staff consists of one senior resident and one intern. The ward attending takes home call and is readily available for indirect supervision via phone or pager and direct supervision if clinically necessary. If the patient is post-procedure and has had an unexpected change in condition, then the fellow and attending performing the procedure should also be immediately notified.
- **Ambulatory Care**
 - Faculty members of the Department of Pediatrics supervises interns and residents assigned to the Ambulatory Care rotation.
- **Subspecialty Rotations at WRNMMC**
 - Subspecialty faculty of the Department of Pediatrics at WRNMMC supervise residents on subspecialty electives.
- **Subspecialty Rotations at Children's National Medical Center (CNMC)**
 - Subspecialty faculty of the Department of Pediatrics at CNMC supervises residents on subspecialty electives at CNMC.
- **Behavior/Development**
 - Interns and residents assigned to the Behavior/Development rotation are supervised by the faculty of the Behavior/Development Division who are members of the faculty of Department of Pediatrics.
- **Adolescent Medicine**
 - Adolescent Medicine specialists who are members of the faculty of Department of Pediatrics supervise interns and residents assigned to the Adolescent Medicine rotation.
- **Pediatric Intensive Care Unit – WRNMMC Bethesda**
 - Critical Care faculty and independent licensed practitioners of the Department of Pediatrics at WRNMMC supervise residents assigned to the Pediatric Intensive Care Unit.
- **Pediatric Intensive Care Unit – Fairfax Inova Hospital for Children**
 - Critical Care faculty and independent licensed practitioners of the Department of Pediatrics at Fairfax Inova supervise residents assigned to the Pediatric Intensive Care Unit.
- **Emergency Medicine**

- Physicians of the WRNMMC Bethesda Emergency Medicine Department supervise residents assigned to the Emergency Medicine.
- **Pediatric Emergency Medicine**
 - Physicians of the CNMC Emergency Medicine Group supervise residents assigned to the Pediatric Emergency Medicine service at Children’s National Medical Center.
- **Orthopedics**
 - The pediatric chief of the orthopedics service at WRNMMC and the orthopedic staff at Annapolis supervise interns assigned to the Orthopedics rotation.
- **Malcolm Grow Medical Center (MGMC)**
 - Faculty of the Department of Pediatrics at MGMC supervises third year residents assigned to MGMC.
- **Community Pediatrics**
 - A staff pediatrician assigned by the Program Director supervises the resident assigned to the community pediatrics rotation.

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Signed: *NCC Pediatrics Residency* Program Director

