

## Supervision Policy

### Scope:

This policy applies to all Infectious Diseases fellows, faculty, and supervising physicians participating in the University of Washington Infectious Diseases Fellowship Program, across all clinical training sites, including University of Washington Medical Center (UWMC), Harborview Medical Center (HMC), Seattle Children's Hospital (SCH), and the Veterans Affairs Puget Sound Health Care System (VA).

### Purpose:

The purpose of this policy is to define expectations for supervision, accountability, and clinical responsibilities of fellows to ensure high-quality patient care, appropriate graduated autonomy, and compliance with ACGME and institutional Graduate Medical Education (GME) supervision requirements.

### Background:

GME requires that all trainees receive appropriate supervision while developing increasing clinical independence. This policy aligns with the University of Washington GME Supervision Policy and establishes clear expectations for supervision levels, fellow responsibilities, and faculty accountability to ensure safe and effective patient care.

### Policy:

#### A. Responsibility and Accountability

- Each patient must have an identifiable Attending physician responsible for their care. Fellow and Attending physician schedules are published on OneDrive and the link to the schedule is shared within the division. Schedules are accessible by the clinical training sites and updated in the on-call telecommunication centers for UWMC and HMC.
- Fellows and faculty must clearly communicate their roles to patients. Fellows are physicians in training and provide patient care under the supervision of the Attending physician
- Fellows are expected to understand the limits of their authority and practice within those limits.

#### B. Levels of Supervision

- Direct Supervision: Supervising physician is physically present.
- Indirect Supervision (Immediately Available): Supervisor is on-site and available to assist promptly.
- Indirect Supervision (Available): Supervisor is off-site but available via phone/electronic communication and able to come in if needed.
- Oversight: Post hoc review of care with feedback provided.

#### C. Progressive Responsibility

- Fellows are granted increasing autonomy based on demonstrated competence.
- The Program Director and faculty assess fellows using milestone-based evaluations and direct observation.
- Fellows must present all patient cases to the supervising attending daily.

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Reviewers: Program Administrator, Program Manager

#### **D. Clinical Responsibilities**

- Fellows may independently evaluate patients but must review all cases with an attending.
- Preliminary recommendations may be provided but must be clearly identified as such until finalized with attending input.
- Fellows may supervise residents and students, with ultimate responsibility remaining with the attending physician.

#### **E. Required Communication with Supervising Faculty**

Faculty must be contacted:

- For all patient cases (daily review required)
- For urgent or unexpected clinical changes
- For concerns regarding patient safety
- For interpersonal or professionalism concerns

#### **F. Emergency Situations**

- Fellows may perform urgent interventions without direct supervision when delay would result in harm and no supervisor is immediately available.
- Supervising faculty must be notified as soon as possible following the event.

#### **G. Evaluation and Advancement**

- Fellows are evaluated continuously through direct observation and formal assessments.
- Feedback is provided regularly, including semiannual reviews.
- The Clinical Competency Committee (CCC) meets semiannually to review fellow performance and advise the Program Director, who then meets individually with each fellow to provide formal feedback and discuss progress.
- Advancement decisions are made annually by the Program Director and Associate Program Director, with input from the CCC.
- Remediation plans are implemented when needed; failure to improve may result in dismissal.

#### **H. Faculty Responsibilities**

- Faculty must provide appropriate supervision based on fellow skill level and patient complexity.
- Faculty delegate responsibilities while maintaining accountability for patient care

#### **Process:**

1. Assignment of Supervision: Faculty are assigned in defined blocks (typically 7 days) to ensure continuity of supervision.
2. Daily Case Review: Fellows present all patients to supervising Attendings during or outside of rounds.
3. Consultation Workflow: Fellow communicate with supervising Attendings daily and more frequently if urgent issues arise

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4. Evaluation Process: Fellows are evaluated by Attending evaluations at the completion of a rotation working together, semiannually by the Clinical Competency Committee (CCC) and through ongoing direct feedback from attendings and the Program Director and Associate Program Director.
5. Escalation Protocol: Fellows must escalate care concerns immediately to supervising faculty
6. Documentation: Supervising Attending evaluations are documented in Medhub

**Compliance:**

Compliance is monitored through:

- Evaluation systems (MedHub)
- Faculty and fellow feedback
- Program review processes

Failure to comply with supervision requirements may result in corrective action, including remediation or disciplinary measures, in accordance with GME policies.