



Revised 3/18/26

Supervision and Accountability

Scope:

This policy governs the supervision and accountability of fellows in the University of Washington Allergy and Immunology Fellowship Training Program. It applies to all clinical activities performed by fellows across inpatient and outpatient sites (UWNW, HMC, SCH, NAAC, Roosevelt) and establishes the responsibilities of attending physicians and fellows to ensure safe, high-quality patient care. The policy defines levels of supervision—direct, indirect, and oversight—tailored to each fellow’s training level, competence, and patient complexity. It outlines the progressive responsibilities of PGY-1, intermediate, and senior fellows, including performing AI-specific procedures, supervising junior trainees, and conducting patient hand-offs. Faculty supervision assignments, case logs, emergency procedures, and communication expectations with attending physicians are also included to maintain oversight and patient safety.

Purpose:

The purpose of this policy is to provide structured guidance for the supervision of fellows, ensuring patient safety while fostering progressive trainee independence. It establishes clear expectations for both fellows and supervising faculty regarding responsibilities, communication, and accountability in clinical care. The policy also provides a framework for assessing fellow competence, delegating authority, and promoting graded responsibility, all in alignment with educational objectives and certification requirements. Ultimately, it balances high-quality patient care with the educational mission of developing skilled, independent allergy and immunology specialists.

Policy:

Responsibilities and Accountability

Each patient must have 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. The schedules of the University of Washington Allergy and Immunology (AI) Fellowship Training Program fellows and their attending physicians is prepared by the program’s administrator. The fellow and attending physician schedules are posted by the program administrator in OneDrive of the UW Office 365 System where it is available to fellows and faculty of the UW AI program. The UW AI program administrator provides these schedules to the on-call telecommunication centers (paging operators) at UWNW, HMC and SCH where in-patient consultations take place. These schedules are also sent to nursing, attending physician and administrative staff at each clinical teaching site (UWNW, HMC, SCH, NAAC) where outpatient rotations occur.

The University of Washington Allergy and Immunology Fellowship Training Program fellows, and faculty members must inform each patient of their respective roles in that patient’s care when providing direct patient care. Fellows are physicians in training. They learn the skills necessary for their chosen specialty through didactic sessions, reading, journal clubs, and providing patient care under the supervision of the Medical Staff (the attendings) and senior trainees. In addition, the UW AI fellows participate in an intensive, 2-week orientation at the core teaching sites (UWNW, SCH, Roosevelt, and NAAC) prior to starting their fellowship. As part of their

training program, they are given progressively greater responsibility according to their level of education, ability, and experience. Sub-specialty trainees, having completed a residency in Internal Medicine or Pediatrics are generally referred to as fellows. Fellows are engaged in a program of study intended to qualify them for subspecialty board certification.

The program will provide the appropriate level of supervision for each fellow based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. As part of their education program, fellows are given graded progressive responsibility according to the individual's clinical experience, judgment, knowledge and technical skill. Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence.

Supervision Definitions

To promote oversight of fellow supervision while providing for graded authority and responsibility, the following levels of supervision are recognized:

1. Direct Supervision:
The supervising physician is physically present with the fellow and patient during the key portions of the patient interaction; or,
 - i. PGY-1 fellows must initially be supervised directly with the supervising physician physically present during the key portions of the patient interaction.

The supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

2. Indirect Supervision:
The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision within 15 – 30 minutes.
3. Oversight:
The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Fellow Competence and Delegated Authority

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. The Fellowship Program uses a multifaceted assessment process to determine a fellow's progressive involvement and independence in providing patient care. Fellows are observed directly by the attending staff throughout clinical training. Formal assessments are obtained from supervising physicians, co-workers, and patients after each rotation and documented in MedHub. Fellows are evaluated on their medical knowledge, technical skills, professional attitudes, behavior, and overall ability to manage the care of a patient. Direct feedback regarding the fellow's performance is provided by the Program Director in semiannual meetings with fellows. Annually, the Fellowship Program Director determines if the trainee possesses sufficient training and the qualifications necessary to be promoted to the next level. Trainees are evaluated continuously by the attending staff. If, at any

time, their performance is judged to be below expectations, the Fellowship Program Director (or designee) will meet with the trainee to develop a remediation plan. If the trainee fails to follow that plan, or the intervention is not successful, the trainee may be dismissed from the Program. If a trainee's clinical activities are restricted (e.g., they require a supervisor's presence during a procedure, when one would not normally be required for that level of training) that information will be made available to the appropriate attending and hospital staff. Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow.

Clinical Responsibilities by PGY-Level

PGY-1 Fellow

PGY-1 fellows are initially directly supervised (see definitions above). Supervision required directly for the first 6-months of fellowship of the following AI-specific conditions and procedures until competency is achieved as assessed by faculty evaluation and program director review:

- Allergen immunotherapy
- Anaphylaxis treatment
- Contact/delayed type hypersensitivity testing
- Drug challenge testing and desensitization
- Food challenge testing
- Immediate hypersensitivity skin testing
- Immunoglobulin treatment and other immunomodulator therapies
- Physical urticaria testing

Fellows will need to demonstrate their ability to perform the above procedures before they can perform independently with indirect supervision available. The fellows will record their procedures and have them cosigned on MedHub and reviewed twice yearly by the Program Director to determine achievement of competency of performing the procedure. Fellows are always encouraged to have an attending present during a procedure. AI-specific case logs and procedures are also logged by the fellows on the ACGME website with UW AI Program numbers compared to other AI training programs nationwide. The UW data are reviewed by faculty and fellows at the Annual Program Review and action plans formed.

Intermediate Fellows

Intermediate fellows may be *directly or indirectly supervised* by an attending physician or senior fellow but will provide all services under supervision. They may supervise PGY-1 fellows and/or medical students; however, the attending physician is responsible for the care of the patient.

Senior Fellows

Senior fellows may be *directly or indirectly supervised*. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. Senior fellows should serve in a supervisory role to medical students, junior and intermediate fellows in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the senior fellow; however, the attending physician is responsible for the care of the patient.

Levels of Supervision for Common Specialty Clinical Activities and Invasive Procedures

Year one of the UW AI program is devoted to clinical activities and during which period the fellows achieve competency in each to the AI-specific diagnoses/procedures (listed below) as mandated by the American Board

of Allergy and Immunology. The UW AI program director meets with the fellows every 6-months to review their case log entries of AI diagnoses seen and AI procedures performed and comparison to median composite data of the past five year period of UW AI fellows. UW AI fellows must perform a predetermined number of AI core procedures under direct supervision of an attending physician (the number required for each procedure was determined by the program director and faculty) to achieve competency in the independent performance of procedure. The trainee enters each procedure on MedHub and each entry must be verified in MedHub by the supervising attending physician. The program director monitors the fellow's MedHub procedure logs at each 6-month face-to-face evaluation to assure that they progress to completion of these logs by the end of fellowship when procedure completion signoff is submitted to the ABAI by the program director.

Procedure Type:	Direct Supervision with supervisor physically present:	Direct Supervision with supervisor monitoring patient care through telemedicine:
Allergen immunotherapy	<input type="radio"/>	<input checked="" type="radio"/>
Contact/delayed type hypersensitivity testing	<input checked="" type="radio"/>	<input type="radio"/>
Drug challenge testing and desensitization	<input checked="" type="radio"/>	<input type="radio"/>
Drug hypersensitivity diagnosis and treatment	<input checked="" type="radio"/>	<input type="radio"/>
Exercise and Other (eg Methacholine) Bronchial Challenge	<input checked="" type="radio"/>	<input type="radio"/>
Food challenge testing	<input checked="" type="radio"/>	<input type="radio"/>
Food hypersensitivity diagnosis and treatment	<input checked="" type="radio"/>	<input type="radio"/>
Immediate hypersensitivity skin testing	<input checked="" type="radio"/>	<input type="radio"/>
Methacholine and Other Bronchial Challenge Testing	<input checked="" type="radio"/>	<input type="radio"/>
Nasal Cytology	<input checked="" type="radio"/>	<input type="radio"/>
Oral Challenge Testing	<input checked="" type="radio"/>	<input type="radio"/>
Patch Testing	<input checked="" type="radio"/>	<input type="radio"/>
Physical Urticaria Testing	<input checked="" type="radio"/>	<input type="radio"/>
Pulmonary function testing	<input checked="" type="radio"/>	<input type="radio"/>
Sputum induction	<input checked="" type="radio"/>	<input type="radio"/>
Write Immunoglobulin and other immunomodulator therapies prescriptions	<input type="radio"/>	<input checked="" type="radio"/>

Circumstances and Events in which Supervising Faculty Member (s) MUST be Contacted

The attending physician must be contacted by the fellow regarding all inpatient and telephone consults including those from health care providers in the WWAMI regional partnership system between UW School of Medicine and states of Washington, Wyoming, Alaska, Montana and Idaho and those from the Washington State Department of Health TREC-based Newborn Screening Program for notification of newborn infants with Severe Combined Immunodeficiency (SCID).

Supervision of Consults

Fellows performing consultations on patients are expected to communicate verbally with their supervising attending at the following time intervals: within 15-30 minutes for urgent consults and 24 hours for non-urgent consults.

Emergency Procedures

It is recognized that in the provision of medical care, unanticipated and life-threatening events may occur. The fellow may attempt any of the procedures normally requiring supervision in a case where death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available, and to wait for the availability of an appropriate supervisory physician would likely result in death or significant harm. The assistance of more qualified individuals should be requested as soon as practically possible. The appropriate supervising practitioner must be contacted and apprised of the situation as soon as possible.

Faculty Supervision Assignment

Faculty supervision assignments consist of ½ - full day clinics scheduled each week and therefore are of sufficient length and frequency to assess the knowledge and skills of each fellow/fellow and to delegate to the fellow/fellow the appropriate level of patient care authority and responsibility. Faculty on-call schedules consist of 1-4 week blocks at UWNW, HMC, and SCH.

Supervision of Hand-Offs

Fellows conducting hand-offs are expected to use structured verbal and electronic processes for patient transfers between services and locations maintained on the UW AI program's password-secured server. Fellows may be supervised directly or indirectly when conducting hand-offs. PGY-1 fellows should initially be directly supervised when conducting hand-offs.

Faculty must assess fellow readiness to move from direct to indirect supervision when conducting hand-offs and patient transfers using direct observation.

The AI fellows update a sign out list that is maintained on the UW AI program's password-secured server. The fellows also do a verbal sign out on the phone or in person usually the night before there is a change in call from the current on call fellow to the one coming on the next day.