# THE GEORGE WASHINGTON UNIVERSITY

# SCHOOL OF MEDICINE AND HEALTH SCIENCES

# Department of Critical Care Medicine

**Policy:** Lines of Responsibility

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**Policy:**

Critical Care Medicine-Medicine fellows are supervised by teaching faculty in all patient care settings at The George Washington University Medical Center. All patients are seen and evaluated by a faculty member. No patient is solely managed by a fellow at any level.

Supervision is extended in a manner that permits fellows to assume progressive increased responsibility for patient care according to their level of training, ability, and experience. All fellows are aware of the importance, need, and availability of supervision by teaching faculty and attending staff.

-During day shift (8am to 12am)- the supervising physician provides direct supervision whereby the physician is physically present with the fellow or indirect supervision with immediate availability within the hospital.

-While on night shifts, if the attending physician is not in house after midnight, the junior fellow (the first year fellow or first six months of a one-year fellow) will notify the attending intensivist of all new admissions and of all deteriorating patients (Indirect Supervision with direct supervision immediately available). Deteriorating patients/conditions include, but are not limited to, those requiring intubation or respiratory distress, escalation of vasopressors, the need for surgical consultation or intervention, unexpected need for blood transfusions, neurologic changes on physical exam or on imaging and any unexpected change in clinical status.

-A senior fellow (the second year fellow or second six months of a one year fellow) will notify the intensivist when an admission is particularly unstable or when increased support is needed beyond usual care. For usual care, the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. For the unstable patient, which includes but is not limited to the need for advanced ventilator modes, extra-corporeal membrane support, emergent surgeries, or any situation the senior fellow feels it necessary, indirect supervision with direct supervision immediately available is provided. Back-up support is always available from the program director and associate program director.

Critical Care Medicine-Medicine fellows will participate in the evaluation and management of patients referred to the Critical Care Medicine service. In addition, fellows may teach and supervise medical students, residents, and physician extenders (NP, PA) from other programs rotating through the service.

Ultimate responsibility for learning opportunities within the program rests with the program director. Preceptors, instructors, and faculty supervisors will be considered for the purposes of the training program to act as agents of the program, whatever their other responsibilities and formal titles.

The program director may designate a chief resident or fellow from among the trainees and delegate to that person limited responsibilities to include scheduling, coordination, representation and peer mentoring, but will not have any actions resulting in final evaluation, admission, promotion or dismissal.

**Procedural Supervision:** Critical Care Fellows may perform bedside procedures in the hospital under indirect supervision with direct supervision available, only after the fellow has been “signed off” and deemed competent to perform the procedure independently.

To be signed off to, the fellow must be receive evaluation of “competent to perform unsupervised” by attending physicians or physician assistants who are also deemed qualified to teach. The following numbers are required:

5 Internal Jugular Lines,

5 Subclavian Lines

5 Arterial Lines

5 Endotracheal Intubations

5 Bronchoscopies

3 Chest Tubes

An ultrasound course is completed by the fellows at which time they perform central lines on simulators as well.